1. PLACE OF	orchester	B DORPORAY	B Limits of	Registration Dist. No. II6	
	y Cambridg	e, Md	(1)	No. Cambridge Id. Hospital St.,  f death occurred in a hospital or institution, give its NAME instead of street and many states.  LOts. How long in U.S. if of foreign birth? yrs. mo	
	E Mary J.	Abbott	.4	St., Ward. Lake syille Md.  If nonresident give city or town and	
PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	State
3. SEX Female	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED. ED (write the word) Pied	21. DATE OF DEATH  June  (Month)  (Day)	, 193. 3 (Year)
5a. If married, widowe HUSBAND of (or) WIFE of	charlie W.	Abbott	•	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (17. AGE Year	Months	6/I0/ Deys	IS77.  If LESS then 1 day,hrs.	to have occurred on the date stated above, et . I. 5 . M . M .  The PRINCIPAL CAUSE OF DEATH end related causes of importance	; deeth is sel
	ion, or particular	House W	ormin.	were as follows:  **Extended cases of importance  **Were as follows:  **Legitation**  **Legita	Date of onse
10. Date deceese	done, es SILK MILL, , BANK, etc d last worked at ation (month and 5/29 or town) Dorch	/33 spe	time (yeers) entin this 38 upation 38	Other Contributory Causes of Importance:	
13. NAME I	(city or town)	rcheste:	r Co.	Name of operation	
15. MAIDEN NAM	(city or town) Doro	E. Wrote hester aryland	en. Co.	What test confirmed diagnosis? Was there an a  23. If death was due to external causes (VIOLENCE) fill in elso the following  Accident, suicide, or homicide? Date of injury  Where did injury occur?	:, 19
17. INFORMANT (Address) 18. BURIAL, CREMATI	Cambrid, ON, OR REMOVAL	ge, Var	yland.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	ACE.
PlaceRobb	ins, Md.	Date6/_	II/33,19	Neture of injury	
19. UNDERTAKER	ranville S Cambridge	. IeCom		24. Was disease or injury in any way related to occupation of deceased?	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis TY S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
No.	B	-		
> .	ż			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06055
County Dorchester	Registration Dist. No. 114
Village or City Capo, Ind.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME  (a) Residence: No.  (Usual place of abode)	st., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH / 9 , 1933
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  The state of the stat	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	to have occurred on the date safed above, at 7:30 a.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	kaplietis kinosis y Eines 1/1/3
year) occupation	Other Contributory Causes of importance:
(State or country)	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many S. Mortan  16. BIRTHPLACE (city or town) A and anythine to  (State or country)  17. INFORMANT A Adams	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Cambridge Md Date Ame 11 , 1933	Manner of Injury
19. UNDERTAKER Frank E. Mbangh (Address) Cambridge Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 11, 1933 Mark It ff Sussels  Focal Registrar.  If more blanks are needed, address State Registrar.	(Signed) M. I (Address) Baubudge veel 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	1	
Gallstones	May 1,1923	Gastroenteritis	1 year /\	
ADDITIONAL SPACE I	FOR FURTH	ER STATEMENTS BY PHYSICIAN	8	

RGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06056
1. PLACE OF DEATH TITE CORPORATE LIMITS OF	Registration Dist. No. II6
Village or City Cambridge, Md.	No. 413 Henry Street . St. 5 Ward
77 A 17 (11	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurradyrs,mos	ds. How long In U.S. if of foreign birth?yrs,mosds.
2. FULL NAME C. Edward irey.	
(a) Residence: No. 413 Henry Street (Usual place of abode)	St., 5 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  June I7  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Orem.	22. 1 HEREBYCERTIFY, That I attended decented from 17 1, 19 33, to fung 17 1, 19 33,
6. DATE OF BIRTH (month, day, and year) II/II/I858	Hast saw ham alive on 1 7 1, 19 3 3, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at m m.
74 7 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona as SPINNER, SAWYER, BDDKKEEPER, etc. Laborer.	A STATE OF THE STA
SAWYER, BDOKKEEPER, etc. Jaborer.	Congress Land
work was done, as SILK MILL, SAW MILL, BANK, etc.	1-17/33
kind of work dona as SPINNER, SAWYER, BDDKKEEPER, etc.  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 1931.  11. Total time (years) spent in this year).	<b>A</b>
12. BIRTHPLACE (city or town) Cambridge (State or country) Caryland.	Other Contributors Cause of Importance:
13. NAME Andrew Airey.	6
13. NAME Andrew Airey.  14. BIRTHPLACE (city or town) Cambridge,  (State or country) Mar land.	Name of operation Date of Date
	What test confirmed diagnosis? Was there and wopsy?
15. MAIDEN NAME Mary E. Bell.  16. BIRTHPLACE (city or town) Cambridge.  (State or country) Maryland.	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicida, or homeider Date of Injury 19  Where did injury occur?
17. INFORMANT Bertha Orem. (Address) Cambridge, Yarvland.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md. Date 6/19/33.,19	Manner of Injury ADVL A
19. UNDERTAKER Granville S. LeCompte. (Addysps) Cambridge, Laryland.	24. Was disease or Injury of any way related to occupation of deceased.  If so, specify
20. FILED June 19, 19 33 E. E. Wolff Registrar.	(Signed) (Address) And GL, M. O.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	p)	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 141 7 3833	1915	Attack of epilepsy	1 week ago
Chronic interstitial no	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RITHEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

Village or City Jeach County Word And County of the death occurred in a hospital or institution, give in NAME instead of street and sumbles)  Jefful No. (1) And County of the death occurred in a hospital or institution, give in NAME instead of street and sumbles)  Jefful No. (2) Reside County of the death occurred in the County of the C	1. PLACE OF DEATH	CERTIFICATE OF DEATH 06057
Village or City Jeans Service Management of the subsection of the	Was also the	Registration Diet No. / / /
Langth of residence in only a lowy agere dash accurred.  (if death occurred in a hospital or institution, give his NAME, instead of treet and number)  (if death occurred in a hospital or institution, give his NAME, instead of treet and number)  (if death occurred in a hospital or institution, give his NAME, instead of treet and number)  (if death occurred in a hospital or institution, give his NAME, instead of treet and number)  (if death occurred in a hospital or institution, give his NAME, instead of treet and number)  (if death occurred in a hospital or institution, give his NAME, instead of treet and number)  (if death occurred in a hospital or institution, give his NAME, instead of treet and number)  (if death occurred in the low long is 19.5 in 19.5	7 /6 27. 1/4 /6	at.
2. FULL Need  (a) Resid    Control	(IE	death occurred in a hospital or institution, give its NAME instead of street and number)
(C) Reside 10 (C) Part August 10		
Clustificate of abode   PERSONAL AND STATISTICAL PARTICULARS	2. FULL NAME ( Stille e. Unde	end.
PERSONAL AND STATISTICAL PARTICULARS  3, SEX  4. (COLOR OR RACE  5. SINCLE, MARRIED, WIDOWED, Gurife the prort)  5. If married, widowed, or divorced (or) will of (or) will or		If nonresident give city or town and State
Sa. It married, widowed, or divorced HUSBAND of Corp. WIFE of of	PERSONAL AND STATISTICAL PARTICULARS	
53. It married, widowed, or divorced windship of the property	OR DIVORCED (write the word)	6 2/ 193 3
E. DATE OF BIRTH (month, day, end year)  F. AGE  Sarty  Months  T. AGE  Sarty  Months  Sarty BookerEep, etc.  Sarty BookerEep, etc.  Sarty Booker Boo	5a. If married, widowed, or divorced	(Month) (Day) (Year)
E. DATE OF BIRTH (month, day, end year)  7. AGE  Pears  Months  Days  If LESS than  I day,hrs.  O	HUSBAND of (or) WIFE of	
T. AGE    Sears   Memths   Days   If LESS than   Iday,	6. DATE OF BIRTH (month, day, end year) ale 13, 1881	1 2 24
8. Trade, profession, or particular Richards of the Control of the		
Solver, profession, or particular sind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  10. Date deceased last worked at this occupancy (ment) and spent in this year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (Syldy or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR SEMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILEB  20. FILEB  21. Total time (years) spent in this years) spent in this years spent in thi		ware of follows:
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Systey or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, GREMAHON, OR TEMOVALI Place (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. SIRTHPLACE (city or town) (State or country)  Other Coutributory Causes of importance:  Other Causes of importance:  Other Coutributory Causes of importance:  Other Coutributory Causes of importance:  Other Cau	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	La somoma of Dal out
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Systey or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, GREMAHON, OR TEMOVALI Place (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. SIRTHPLACE (city or town) (State or country)  Other Coutributory Causes of importance:  Other Causes of importance:  Other Coutributory Causes of importance:  Other Coutributory Causes of importance:  Other Cau	9 Industry or business in which work was done, as SILK MILL.	<i>f</i>
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Systey or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, GREMAHON, OR TEMOVALI Place (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. SIRTHPLACE (city or town) (State or country)  Other Coutributory Causes of importance:  Other Causes of importance:  Other Coutributory Causes of importance:  Other Coutributory Causes of importance:  Other Cau	SAW MILL, BANK, etc.	
Other Coetribetery Causes of importance:  Other Coetribetery Causes of i	this occupation (menth and spent in the year)	
13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, GREMATION, OR REMOVAL   Place   18. BURIAL, GREMATION, OR REMOVAL   Place   19. Where did njury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   19. Where of injury   19. Where of inj	Falux Death	Other Contributory Causes of importance:
What test confirmed diagnosis? Wes there an autopsy?		
What test confirmed diagnosis? Wes there an autopsy?	II 13. NAME PASEBLE PRINTER	
What test confirmed diagnosis? Wes there an autopsy?	14. BIRTHPLACE (city or town) Kurlock	Name of operation 2001
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Menner of injury  Place  (Address)  Menner of injury  Neture of injury  24. Was disease or injury in any way related to occupation of deceased?  (Address)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Menner of injury  24. Was disease or injury in any way related to occupation of deceased?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Menner of injury  (Signed)  (Signed)  (Signed)  (Address)  M. D.  (Address)	(Spate or country)	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Menner of injury  Place  (Address)  Menner of injury  Neture of injury  24. Was disease or injury in any way related to occupation of deceased?  (Address)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Menner of injury  24. Was disease or injury in any way related to occupation of deceased?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Menner of injury  (Signed)  (Signed)  (Signed)  (Address)  M. D.  (Address)	15. MAIDEN NAME Mary Jodd	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Menner of injury  Place  (Address)  Menner of injury  Neture of injury  24. Was disease or injury in any way related to occupation of deceased?  (Address)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Menner of injury  24. Was disease or injury in any way related to occupation of deceased?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Menner of injury  (Signed)  (Signed)  (Signed)  (Address)  M. D.  (Address)	5 16. BIRTHPLACE (city or town) Aferical	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR SEMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  Registrar.  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Menner of injury Neture of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  Registrar.  (Address)  M. D. Registrar.  (Address)	(State or county)	
Place Aux locks, Date 1935 Neture of injury  19. UNDERTAKER 4.3. Wellow 4.4. Was disease or injury in any way related to occupation of deceased?  (Address) 4.5. Wellow 4.4. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed) 1.0 alx Myors M.D.  Registrar. (Address) 1.5. Myors M.D.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Date 1930 Neture of injury  19. UNDERTAKER 15. While with the second of the seco	18. BURIAL, CREMATION, OR SEMOVAL	Menner of injury
19. UNDERTAKER 15. Wellaufflet 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER 15. Wellaufflet 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER 15. Wellaufflet 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER 15. Wellaufflet 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER 15. Wellaufflet 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER 15. Wellaufflet 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER 15. Wellaufflet 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER 15. Wellaufflet 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER 15. Wellaufflet 25. Wellaufflet 25. Wellaufflet 26. Wellaufflet	Place Juliachi, Date June 193	
20. FILED See 26, 1933 At 200 M.D.  Registrar. (Signed) Though Myers M.D.  Registrar. (Address) Believed Med		24. Was disease or injury in any way related to occupation of deceased?
	20. FILED IN e 76 1933 A 200 15	(Signed) Hoger Myers M.D.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	· Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAN			i
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. PHYSICIAN. ARGIN RESERVED FOR BINDING certificate. AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. NLY, WITH TION is very important. -WRITE PLAI

V. S. No. 1 B.

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item of inforshould state of OCCUPA-

STATE O	F MARY	'LAND-	CERTIFICATE OF DEATH 06058
County Dorchester			Registration Dist. No. 116
Length of residence in city or town where de	ath occurred	(if	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	Ranks Creek, 11d (Usual place of	A	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female Colored	5. SINGLE, MARR OR DIVORCED Single	(write the word)	21. DATE OF DEATH  June 18 , 193 3 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, Thet I ettended deceased from 19, 19, 19, 19
	June 18,	1933	I last saw h_2Relive on
7. AGE Years Months Still-born	Deys	tf LESS than I day,hrs. ormin.	to heve occurred on the date stated ebove, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Totet tim	ne (yeers) tin this pation	Still-born Midwife only in attendance. 6-18-
(State or country)	ch Creek	<b>.</b>	Other Coatributory Causes of importance:
(State or country) Md.	rester Co	unty	Name of operation Date of What test confirmed diegnosis? Wes there en eulopsy? No
15. MAIDEN NAME Hattie Banks  16. BtRTHPLACE (city or town) Church Creek, (State or country) Md.			23. It death was due to externat causes (VIOLENCE) filt In elso the fottowing:  Accident, suicide, or homicide?
17. INFORMANT Reida Banks (Address) Church Cree  18. BURIAL, CREMATION, OR REMOVAL PIece Church Creek, Mc	ok, Md.	e 19 <sub>19</sub> 33	Manner of injury
19. UNDERTAKER Donald R. (Address) Church Cre 20. FILED. June 19, 19 33	eek, Md.	m.	24. Was disease or injury in eny wey related to occupation of deceased? No.  If so, specify  (Signed)  E, E Walth. M.
		Rogistrar.	(Address) Cambridge, Maryland.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

STATE C	F MARYL	AND—CERTIFICATE	OF	DEATH	06059
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	County Dorch		OORPODA	TO LIMITO OF	Registral	tion Dist. No. II6
	Village or City Can			(If	No.  death occurred in a hospital or institution, give its N.  20 ds. How long in U.S. if of foreign birth	St, Ward
2. 1	FULL NAME	Ressie 1	R. Brads	shaw.		
	(a) Residence: No.			ryland	St., Ward, 3	
	(4) 110010011110: 1101:	*******	(Usual place	of abode)	If nonresi	ident give city or town and State
	PERSONAL AN	ID STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICA	ATE OF DEATH
3. SEX		hite		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June (Month)	2 , 193 <u>3</u> (Day) (Year)
H	narried, widowed, or divo USBAND of or) WIFE of	orced X			22. I HEREBY CERT	IFY That I attended deceased from
6. DAT	E OF BIRTH (month, da	v and vear)	10/12/18	375	I last saw h alive on frm	19 5.3 ; death is said
7. AGE		Months	Days 20	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at \( \int \)  The PRINCIPAL CAUSE OF DEATH and related were as follows:	/20A .m. 1 .
CUPAT	. Trade, profession, or pakind of work done, SAWYER, BOOKKEE Industry or business in work was done, as SAW MILL, BANK, . Date deceased last worthis occupation (moyear)	n which SILK MILL, etc	33 11. Total ti	me (years)	Cancinomo of man	L ( grimmy) 1 egrus w mm
12. BIR	THPLACE (city or town) (State or country)				Other Contributory Causes of importance:	chert.
	. NAME Jose	ph Brad	shaw.			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
FATH 14.	BIRTHPLACE (city or to (State or country)	own) Cam		•	Name of operation in the work with the What test confirmed diagnosis?	
15.	MAIDEN NAME IS	abelle 1	Ecclesto	n.	23. If death was due to external causes (VIOL ENC	
15. 16.	. BIRTHPLACE (city or to (State or country)	own)	ambridge Maryla	-2	Accident, suicide, or homicide?	
17. INF	ORMANT J. H. (Address) Ua.	oward Bridge	radshaw. Maryla	ind.	(Specify ci Specify whether injury occurred in INDUSTRY, I	ity or town, county and State) In HOME, or In PUBLIC PLACE.
18. BUF	Place Cambrid,	REMOVAL		,	Manner of injury	
19. UNI	D C	nville :	S. LeCon	nte.	24. Was disease or Injury In any way related to o	occupation of deceased?
20. FIL	ED June 3.	19.53	ERU	Poly Registrar.	(Signed) Carr	Steele M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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(Addrass)

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Cerebral hemorrhage	- T	July 5, 1927	Peritonitis	3 days ago
	BUREAU			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				-

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	13 Y	PHYSICIAN

Date of onset

Ĺ	A color	Acgistrar.	11	(Walle22)	1.0		-
1	f more blanks are needed, address S	State Registrar	2411 N.	Charles Street, Baltimore,	Requesting	U. S. No. 1	

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808940 7.9			
Other contributory causes of importance:		Other contributory causes of importance:	
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.

County Alas Alas Alas Alas Alas Alas Alas Alas	1. PLACE OF DEAT	H	i max	ILAND		) DLAIII	06062
Village or City	County Dus	a hour	to1.	TTELL COOK		Registration Dist. No.	116
Color of Personal and State and Jumber   Color of Personal and State   Color of Personal and S		Daniel !!	A A		No.		
(a) Residence: No. 8 C PLANTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3.5EX  4. COLOR, OR RACE  S. SINGLE MARRIED, WIDOWED, OR BUYORED  (Cry Vite of Cry Vite			ewy				f street and number)
(a) Residence: No. I Chartypiphae of shodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR-OR RACE  OR DIVERGED  S. SINICLE, MARRIED, WIDOWED, OR DIVERGED  OR DIVERGED  S. SINICLE, MARRIED, WIDOWED, OR DEATH  S. SINICLE, MARRIED, WIDOWED, OR DIVERGED  OR DIVERGED  S. SINICLE, MARRIED, WIDOWED, OR DIVERGED  S.	Length of residence in city	or town where de	ath occurred	yrsmos.	ds. How long in U.S. if of	foreign birth?yrs.	mosds.
PERSONAL AND STATISTICAL PARTICULARS   MEDICAL CERTIFICATE OF DEATH	2. FULL NAME	oddes	sa.	Burlo			
PERSONAL AND STATISTICAL PARTICULARS 3.5 EX 4. COLOR-OR RACE 5. SINGLE, MARRED, WIDOWED, OR-DIVORED OR-DIVORED OR-DIVORED OF which the world 3. If married, widowed, or divorced (re) WIE of 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	(a) Residence: No	8 Che	m		St., Ward.		
21. DATE OF DEATH    COLOR OR RACE   S. SINCLE MARRIED, WIDOWED, On the word of the state state of t	DEDCOMAL AND	CTATICTI			MEDICAL CE		
Sea. If married, widowed, or divorced HUSSAND or HUSSAN						ATTICATE OF D	EATH
So. If married, wildowed, or divorced HUSSAND (ar) WIFE of 19 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	DR RACE	OR DIVORCE	(write the word)	ZI. DATE OF BEATH	June 4	193 3
6. DATE OF BIRTH (month, day, and year) October 6 - 1932 7. AGE Years Months Days If LESS than 1 day		ue	Keny	yle.		(Month) (Day	') (Year)
6. DATE OF BIRTH (month, day, and year) Catalogy (1972)  7. AGE Years Months Days If LESS than I day,	HUSBAND of	:a 0	V		22. A HEREBY	CERTIFY, That	I attended deceased from
TAGE  Vears  Months  Days  If LESS than  I day,hrs.  O  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of enset  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of enset  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of enset  The PRINCIPAL CAUSE OF DEATH and related causes of Importance  The principal cause of Importance  The principal cause of Importance  The principal causes of Importance  The principal cause of Importance  The principal causes of Importance  The principa	(or) with or	A		•	692	1983 , to 6/4	, 1923
8. Trada, profession, or particular kind of work done, as SPINNER, SAWKR, BOOKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation month and year)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CRENTION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. 33  24. Was disease or injury in any way related to occupation of deceased?  M. E.  Date of onnet  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onnet  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onnet  Curt  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onnet  Curt  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onnet  Curt  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onnet  Curt  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onnet  Curt  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Curt  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Curt  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Curt  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Curt  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Curt  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Curt  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Curt  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Curt  The PRINCIPAL CAUSE OF DEATH and related causes of impor	6. DATE OF BIRTH (month, day,	and year) Ve	toker 6	- 1932	I last saw h 2 alive on	614	, 19.23; death is said
8. Trada, profession, or particular kind of work done, as SPINNER, SANYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAM MILL, BARK, etc.  10. Date deceased last worked at spent in this occupation of deceased last worked at spent in this occupation work was done, as SILK MILL, SAM MILL, BARK, etc.  11. Total time (years) Spent in this occupation work once as SILK MILL, SAM MILL, BARK, etc.  12. BIRTHPLACE (city or town) State or country)  13. NAME  14. BIRTHPLACE (city or town) State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) State or country)  17. INFORMANT  18. BURNAL, CREEN TION, OR REMOVAL Place  19. UNDERTAKER  19. Address)  19. UNDERTAKER  19. Address)  20. FILED  19. UNDERTAKER  19. Address  19. Signed)  10. Signed)  10. Mark of operation  10. Other Contributory Causes of Importance:  11. Total time (years) Spent in this occupation of deceased? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury in any way related to occupation of deceased? Specify whether injury in any way related to occupation of deceased? Specify whether injury in any way related to occupation of deceased? Specify whether injury in any way related to occupation of deceased? Specify whether injury in any way related to occupation of deceased? Specify whether injury in any way related to occupation of deceased? Specify whether injury in any way related to occupation of deceased? Specify whether injury in any way related to occupation of deceased? Specify whether	7. AGE Years	Months	Days				
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  10. Date deceased last worked at this occupation (month and special particular in this occupation)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. 33  20. FILED  19. 33  21. Was disease or linjury in any way related to occupation of deceased?  19. UNDERTAKER  (Address)  19. 33  20. FILED  19. Signed)  11. Total tims (years)  Specify  Countributory Causes of Importance:  11. Total tims (years)  Specify with this occupation  Other Countributory Causes of Importance:  11. Total tims (years)  Other Countributory Causes of Importance:  Name of operation  Name of	0	7	19		The PRINCIPAL CAUSE OF DEATH were as follows:	I and related causes of Impo	
Other Coutributory Causes of Importance:  12. BIRTHPLACE (city or town)  (State or country)  Mary Causes  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Mary Causes  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Mary Causes  16. BIRTHPLACE (city or town)  (State or country)  Mary Causes  Mass there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Mere did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Natura of injury  19. UNDERTAKER  (Address)  Manner of injury  Natura of injury  19. UNDERTAKER  (Address)  19. 33  E. Waff  (Signed)  M. E.  Other Coutributory Causes of Importance:  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  24. Was disease or Injury in any way related to occupation of deceased?  M. D.   8. Trada, profession, or par	ticular s SPINNER	- h	MD	le l	A	7	
Other Coutributory Causes of Importance:  12. BIRTHPLACE (city or town)  (State or country)  Mary Causes  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Mary Causes  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Mary Causes  16. BIRTHPLACE (city or town)  (State or country)  Mary Causes  Mass there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Mere did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Natura of injury  19. UNDERTAKER  (Address)  Manner of injury  Natura of injury  19. UNDERTAKER  (Address)  19. 33  E. Waff  (Signed)  M. E.  Other Coutributory Causes of Importance:  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  24. Was disease or Injury in any way related to occupation of deceased?  M. D.   SAWYER, BOOKKEEP			700	Hosing in	aves	Curp	
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15. MAIDEN NAME  Makey  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OF REMOVAL  Place  Date  D	(State or country)	m	arule	ued_		Wi	
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17. INFORMANT Mary Bustons (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Date Pure 5, 1933  19. UNDERTAKER Trank & Albany 193  24. Was disease or Injury in any way related to occupation of deceased? When the specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Manner of injury Natura of injury  19. UNDERTAKER Trank & Albany 193  24. Was disease or Injury in any way related to occupation of deceased? When the injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER Trank & Albany 193  26. Strong 193  27. Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  (Signed)	State or country)	m	ariot	and	Where did injury occur?		
(Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Date  Place  19. UNDERTAKER  (Address)  24. Was disease or Injury in any way related to occupation of deceased?  16 so, specify  (Signed)  (Signed)	17 INCODERANT MA	1. 131	is ton	-	Specify whether injury occurred In	(Specify city or town, cou INDUSTRY, In HOME, or In	inty and State) PUBLIC PLACE,
Place Date Jule 5, 1933  Natura of injury  19. UNDERTAKER Frank & Albanytt 24. Was disease or Injury in any way related to occupation of deceased? The control of the second of the seco		abuler	day	C	4	m	
19. UNDERTAKER Frank & albany 24. Was disease or Injury in any way related to occupation of deceased? W. 24. Was disease or Injury in any way related to occupation of deceased? W. 25. FILED June 5, 19 33 & & & Wash (Signed) (Signed)	18. BURIAL, CREMATION, OR RE	MOVAL	70.	0 33	Manner of injury		
(Addrégs) Combridge Med. If so, specify  20. FILED June 5, 19 33 E. E. Woff (Signed) Combridge M. D.	Place VV (aou	ron	Date	,1900	Natura of injury		
(Addrégs) Cambridge Wed. If so, specify  20. FILED June 5, 19 33 E. E. Woff (Signed)  (Signed)	19 UNDERTAKER Fra	uk &	allo	cuzti.	24. Was disease or Injury in any wa	y related to occupation of d	eceased? 20
20. FILED MAL 1900 Care 1900 Male	10, 0110 111111111111111111111111111111	ulr	udg	e, Mid.	If so, specify	8 D	
	20 FILED hine 5	,33	E. E. W.	reff	(Signed)	my olell	700 f M. D.
	1			Registrar.	(Address)	muny	c/ruc

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		· Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE (	OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
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1	L PLACE O	F DEAT	Н	, wirtis		1860	06053
	County	Dorche	ster			Registration Dist. No.	16
	Village Dr C	,		ori dge	(J yrs,mos	ND. Eastern Shore State Hospitalst.,  f death occurred in a hospital or institution, give its NAME instead of street and s. 28 ds. How long in U.S. if of foraign birth? yrs.	Ward number)
				A. Colli			
				7, Maryla (Usualplace	nd	St., Ward.  If nonresident give city or town an	d State
	PERSON	IAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex Female	Whit		OR DIVORCE	RIED, WIDOWED, O (write the word) OWED	21. DATE OF DEATH  June 7,  (Month) (Day)	., 193 3 (Year)
5a.	If marriad, widow HUSBAND of (or) WIFE of	vad, or divor	Thomas	A. Colli	ns	22. I HEREBY CERTIFY, That I attended May 9, , , , 19 33 , to June 7,	, 19 33
6.	DATE OF BIRTH	(month, day,	and year) Fe	ebruary 1	0, 1847	I last saw h. Gr. alive on June 7, 19 33	.; death is sald
7.	AGE Yaa	ers	Months 3	Days 27	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at	Date of onset
OCCUPATION	9. Industry or work was	work dona, a BOOKKEEP	s SPINNER, ER, etc which LK MILL.	Hous Home	ework	Cerebral Arterio-sclerosis	About 5 yrs.
000	10. Date decease this occur	ed last work pation (mont	ad at	11. Total ti spar	me (years) it in this pation ife		ago
12.	BIRTIIPLACE (cit (State or cour		Nr. Pocon	noke City		Other Contributory Causes of importance:	6/1/33
ER	13. NAME	Unl	known			Fracture of Right Hip	0/1/00
FATHER	14. BIRTHPLACE (State or		(n) Unkno	own Unknow	n	Name of oparation Date of What tast confirmed diagnosis? Was there an	
HER	15. MAIDEN NA	ME Maj	rgaret Ho	olland		23. If death was due to external causes (VIOLENCE) fill in also the followin	
MOTHER		(city or tow	m)Nr.	Pocomok Md	e City	Accident, suicide, or homicide? Accident Date of injury 6/1 Where did injury occur? Cambridge Maryland	,
	INFORMANT (Address) BURIAL, CREMAT					Where did Injury occur? Camberi dee Maryland (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL Eastern Shore State Hospital	ate) LACE,
18				Data_6/9/	, 19 33	Manner of injury Slipped on floor Natura of injury Fracture of right hip	
19.	UNDERTAKER ]	Hollow Salisb	ury, Md.	pany		24. Was disaase or injury In any way related to occupation of dacaased?	No
20.	1 /	2.7.,19	33	E. E. W.	f Registrar.	(Signad) . Cambridge, Maryland	TTLM.D.
	U		If more b	lanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Gallstones	May 1,1923	Gastroenteritis	1 year

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N.	ECORD. Every item of infor-	PHYSICIANS should state	xact statement of OCCUPA-	
FOR BINDING	S IS A PERMANENT F	stated EXACTLY.	properly classified. E	certificate.
V.S. No. 1 (-1) ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. 7	N. B			

1. PLACE OF DEATH	CERTIFICATE OF DEATH 06064
1. PLACE OF DEATH  County Dovehester	Registration Dist. No. 1/6
Village or City Cambridge	No. Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos	s,ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Kichard ( )ay	10.h
(a) Residence: No Lace II Eagl (Usual place of abode)	St., 4 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH June 14  (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of  Chel	22. CHEREBY CERTIFY, That ettended deceased from
6. DATE OF BIRTH (month, day, and year) 10/4/1876	I last saw h alive on 19 ; death is said
7. AGE Yaars Months Devs If LESS than	to heve occurred on the data stated abova, at 10. 30 ml.7 mc.
56 8 10 1 dey,hrs.	more se follows:
9 Trade profession or particular	Certial hemonhage Date of onest
SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc  10. Date decessed last workad et this occupation (month and this progration (month and this progra	
10. Date decessed last worked et this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Geleath Island	Other Contributory Causes of Importance:
(State or country)	duoi
13. NAME  14. BIRTHPLACE (city or town)  Selection  (Selection Country)	mal
4 14. BIRTHPLACE (city or town)  (Stata or country)	Neme of oparation
	Whet tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (City or town)  16. BIRTHPLACE (City or town)	23. If death was due to extarnal causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
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18. BURIAL, CREMATION, OR BEMOVAL Place Gelecte Med Date 4 15/33	Mannar of injury
19. UNDERTAKER G. Le Carafepto Med (Address)	24. Was disease or Injury in eny way related to occupation of dacaesad?
20. FILED John 15-, 1933 & & Wolff Registrer.	(Signed) Cambrill M.D. (Addrass) Cambrill My

CTATE OF MADYLAND CEDTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WARE'S		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

1 DIACE	STAT	EC	F MAR	YLAND-	CERTIFICATE OF DEATH U6	065
	Dorchest	972			Registration Dist. No. II6	
Village or	City Camb	ride		5 yrs mos	No. State Road Near Cambridge, f death occurred in a hospital or institution, give its NAME instead of street and no index How long in U.S. if of foreign birth?  yrs. mos	umber)
2. FULL N	AME Geo	rge	E. Dean	treet.	St., I Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS					If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	late
3. SEX	4. COLOR OR R	ACE	5. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH  June 2Ist, (Month) (Day)	1935(Year)
5a. If married, wid HUSBAND of (or) WIFE of	owed, or divorced	x			22. I HEREBY CERTIFY, That I ettended d	
6. DATE OF BIRTH	f (month, day, and ye	ar)	[]/8/]90	7.	I last saw helive on,19	death is sai
	ears M	onths 7	Days I3	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
9 Industry of work w SAW M 10. Date decerthis occupear)	fession, or particular work done, as SPIN R, BOOKKEPER, etc r business in which was done, as SILK MI IIILL, BANK, etc	u, 6/20	X 11. Total ti span	pation	Other Contributory Causes of importance:	12
13. NAME 14. BIRTHPLA	George CE (city or town)		Dean.	a	Name of Operation Rom Date of	
Cotate	or country)	A. 4. P.	Varyla		What test confirmed diagnosis? Classic al. Was there an au	J'opsy?
	CE (city or town)	-	Todd. ocheron. Marylan	id.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Accident. Date of Injury 2000.  Where did Injury occur?	3/., 19/2.
17. INFORMANT (Address)	Virgil (Cami	. D	ean. ge, Mary	land.	Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE. The
	ation, or remova nbridge,	Md.	6/2	23/33,19	Manner of injury Austruse of Spull	ut
19. UNDERTAKER (Address)	Granvi Cambi	lle	_	and.	24. Was disease or inject if any last related to occupation of deceased?  If so, specify	6
20. FILED Jus	ue 22, 19 3	3	E. E. Zeb	Registrar.	(Signed) Cambridge 20	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	T. Carlotte	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PATRICAL V.			
Other contributory causes of importance:		Other contributory causes of importance:	-377 =
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

i i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1916	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1916 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH item of pluods Registration Dist. No. . No. (1) OCA) St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?\_\_\_\_\_\_vrs.\_\_\_\_mos.\_ statement 2. FULL NAME RECORD. (a) Residence: No.. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) BINDING 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, Thet I attended deceased from (or) WIFE of . 19.3.3 . to ... 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Years to have occurred on the date stated above, at 6.10 -p.m. FOR Davs If LESS than 1 day, \_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION RGIN RESERVED 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may back plnods 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation \_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. plain (State or country What test confirmed diagnosis? Cha MOTHER 15. MAIDEN NAME ııı 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_\_19\_ 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods OF Manner of Injury CAUSE LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify

egistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If more blanks are needed, address Sta

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. The industry or business in which the work was done.

The month and year the deceased last worked at the occupation.

The number of years the deceased followed the occupation.

the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the par ular kind of work done and return that, as spinner, weaver, etc.

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of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	Data 01 011301
915	Attack of epilepsy	1 week ago
921	Run over by street car	1 week ago
5,1927	Peritonitis	3 days ago
1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
9	921	221 Run over by street car 7,1927 Peritoritis  Other contributory causes of importance:

V. S. No. 1

	STATE C	F MARY	LAND-	CERTIFICATE O	F DEATH 060	168
1. PLACE OF	EATH NEW	V Vier	nd	(3)		
County A	mehl	ley			Registration Dist. No. 123	
Village or City_	e in city or town where	deeth occurred.	(if	No.  death occurred in a hospital or institution  ds. How long in U.S. if of fo		
2. FULL NAME	till be	wh,	Ja	ace		
(a) Residence:	No	(Usual place of	abode)	St., Ward.	If nonresident give city or town an	nd State
PERSONAL	AND STATIST	ICAL PARTIC	ULARS	MEDICAL CER	RTIFICATE OF DEATH	
3. SEX 7 4.	COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH	(Month) 8- (Day) 193	193 (Yeer)
5a. If married, widowed, of HUSBAND of (or) WIFE of	or divorced			22. THEREBY	CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (mon	ith, day, and year)	- 18-	33	Vast sew halive on	, 19	death is said
7. AGE Years	Months	Days	if LESS than I day,hrs. ormin.	to have occurred on the date stated a The PRINCIPAL CAUSE OF DEATH were as follows:		Date of onset
SAWYER, BO Industry or busi work was do SAW MILL, B	ast worked at on (month and	11. Total tin spent occup	ne (yeers) tin thisaation	Other Contributory Causes of imports	ance:	
(State or country)		V ==	P			
监 13. NAME	veni					
14. BIRTHPLACE (ci	ty or town)		7	Name of operation	Date of	
(State or cou	intry)			What test confirmed diagnosis?	Was there a	n autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (ci (State or co)	unitry)	whoster of or or	160	Where did injury occur?	Date of injury.  (Specify city or town, county and SNDUSTRY, in HOME, or in PUBLIC	., 19
(Address) 18. BURIAL, CREMATION	I. OR REMOVAL			Manner of Injury		
71	ma	Date Lin	nse 18, 19.3.8			
19. UNDERTAKER	amily	D.O all	74. 80	24. Was disease or injury in any way  If so, specify  (Signed)	related to occupation of deceased?	
20. FILED		se blanks are breded, as		(Address) 2421 N. Charles Street, Baltimore, Requ	uesting V. S. No. 1.	mel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Perilonitis  Other contributory causes of importance:

certificate.

See instructions on back of

TION is very important.

19. UNDERTAKER

(Address)

should state of OCCUPA-

of infor-

	County Dore Village or City C Length of residence in city	н hester ambridge	Md.	yrs, mos	CERTIFICATE OF DEATH U6UC9  23  24  Registration Dist. No. //6  No. no. ////  No. no. ///  No. no. ///  No. no. ///  No. no. ///  No. no. no. ///  No. no. no. ///  No. no. no. no. ///  No. n
	(a) Residence: No	Cambrid	ge R.F		St., Ward.  If nonresident give city or town and State
	PERSONAL ANI	STATISTIC	AL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
1	emale W	hite		RRIED, WIDOWED, ED (write the word) Ed.	21. DATE OF DEATH  (Month) (Day) (Year)
oa.	. If married, widowed, or divor HUSBAND of (or) WIFE of	Walter			22. MAHEREBY CERTIFY, That I attended deceased from 1933, to June S 1933
-	DATE OF BIRTH (month, day,	and year)	une 27	1896.	Wast saw h. L. Valive on Jule S., 19. 3. Reath Is said
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stafed above, atQM.
	36	11	12	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	8. Trade, profession, or parkind of work done, a SAWYER, BOOKKEEF 9. Industry or business in work was done, as SI SAW MILL, BANK, et	S SPINNER, PER, etc which	Но	usewife.	Like spulmous premous 5-29-33
000	10. Date deceased last work this occupation (mon year)	ed at th and	spa	time (years) ent in this upation	
12	. BIRTHPLACE (city or town) _ (State or country)		mbus,		Other Contributory finises of Importance:  The states - Intercular 5-11-3-3
FATHER	13. NAME Ben  14. BIRTHPLACE (city or tow (State or country)	jamin Fa	ris.		Name of operation
MOTHER	15. MAIDEN NAME  16. BIRTHPLACE (city or tov (State or country)	Annie Y			23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17	. INFORMANTWa	lter S.	Gilber	+	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

V. S. No. 1 ż Registrar.

Place Columbus, Ohio. Date June 7, 1953

(Address) Cambridge,
18. BURIAL, CREMATION, OR REMOVAL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of Injury

Nature of injury

If so, specify

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ann Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

# MARGIN RESERVED FOR BINDING

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. See instructions on back of certificate. be should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06070

1. PLACE OF DEATH		(23)	,
County Dorchester		Registration Dist. No.	116
Village or City Cambridge		No. Eastern Shore State Hospitagt,	Ward
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and	
2. FULL NAME Margare			
(a) Residence: No. Royal Oak,		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	d State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  June 21,  (Month) (Day)	, 198. 3 (Year)
5a. If married, widowed, or divorced	41004 1 1 1 0 0	(Wollen) (Day)	(Teal)
HUSBAND of (or) WIFE of E.E.Hall		22. I HEREBY CERTIFY, That I attended October 30, 19 26, to June 21,	
6. DATE OF BIRTII (month, day, and year)	ber 14. 1886	last saw h. er alive on June 21, 19 33	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5:50_P.m.	
46 8	7   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		Pulmonary	Date of one of
SAWYER, BODKKEEPER, etc. HOL	usewife	Tuberculosis	About
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	1 Home		June 1933
10. Date deceased last worked at	11. Total time (years)		1300
year) October 1926	spantin this Life		
Town Unknown  12. BIRTHPLACE (city or town) England	1	Other Contributory Causes of importance:	
(State or country)		Dementia Praecox (Heb.)	About
13. NAME John Gilman			1923
13. NAME John Gilman Unkno	own England	Name of operation Date of	
(State of country)	Fugrand	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Bridget Ca	ahill	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
15. MAIDEN NAME Bridget Ca		Accident, suicide, or homicide? Date of injury	, 19
≥ (State or country)	England	Where did injury occur?(Specify city or town, county and Sta	ite)
17. INFORMANT E.S.S. Hospital Rec (Address) Cambridge		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	// 2/ 2-	Manner of injury	
Place Caston, Md. De	ate, June 24, 19 55	Nature of injury	
19. UNDERTAKER 5:07:07	ilmon.	24. Was disease or injury in any way related to occupation of deceased?	To
(Address) Poyal Ca	k. m.l.	If so, specify	
20. FILED June 22 19 33	E. E. Wolff	(Signed) Oh go, g, G arec	M. D.
	Registrar.	(Address) la ans breche	- md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	ED.	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	06071
DEATH			0001

Village or City.  No.  No.  Ward  (If death occurred in a bospital or institution, give in NAME inseed of street and number) Leagh of residence in city or town where death occurred.  ys. mes. ds. How long in U.S. If of foreign birth?  yrs. mes. ds.  Registration Dist. No.  St. Ward  (If death occurred in a bospital or institution, give in NAME inseed of street and number) ds. How long in U.S. If of foreign birth?  yrs. mes. ds.  REDICAL CERTIFICATE OF DEATH  2. FULL NAME  (a) Residence: No.  (Usual piece of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVINOCED (wire the word)  ACT OF BIRTH (month, day, and year)  (b) July (life alt)  (life of the particular	1. PLACE OF DEATH	(23)
Length of residence in city or town where death occurred.  Ys. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.  Ward.  (a) Residence: No.  (bundplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED  OL-DYORCED (critic the word)  5. If married, widowed, or divorced (city or town)  (co) Will of Market D. J. 19. 3. 3. 4. 19. 3. 4. 19. 3. 3. 4. 19. 3. 3. 4. 19. 3. 3. 4. 19. 3. 3. 4. 19. 3. 19. 3. 4. 19. 3	County Dorchester	Registration Dist. No. // 6
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OP_UVORCED (country be word)  5.5. If married, vidowed, or diverced (or) Wife of White o	Village or City madison, ml	
(a) Residence: No.  (Ususiplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR-PHVORCED Counce be word)  WITH married, windowed, or divorced (Gr) Wife of Office of Order of the counce of the counc	Length of residence in city or town where death occurredyrsn	osds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  OB. NIVORCED (write the word)  NORTH of divorced  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  OB. NIVORCED (write the word)  NORTH of OBJOINT (Worth)  OBJOINT (Worth)  22. HEREBY CERTIEY, That I attended deceased from 19.7.7, and 19.7	2. FULL NAME William M. Ha	ming time
3. SEX  4. COLOR OR RACE OF PINORECED Comine the word)  A COLOR OR RACE OF PINORECED Comine the word)  5. If married, widowed, or divorced IUUSBAND OF PINORECED Comine the word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day. hrs.  Finde, profession, or particular than the personal of work done, as SPINNER, SAWYER, BODKREPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BODKREPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BODKREPER, etc.  10. Date of one at SPINNER, SAWYER, BODKREPER, etc.  11. Total time (years) Spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  Cistae or country)  13. NAME  14. BIRTHPLACE (city of fown)  Cistae or country  15. MAIDEN NAME  16. BIRTHPLACE (city of town)  Cistae or country  17. INFORMANT  A Color of the destribution of the was due to external course (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Date of injury  What test confirmed diagnosis?  Wes there en aulopsy?  16. BIRTHPLACE (city or town)  Cistae or country  17. INFORMANT  A Color of the destribution of the country  What test confirmed diagnosis?  Wes there en aulopsy?  18. BURIAL, CREMAJION, OR REMOVAL  Place  A Color of the word  A Color of the word  Manner of injury  Network of injury  19. UNDERTAKER  (Address)  20. FILED ACAMAL (19. 3)  20. FILED ACAMAL (19. 3)  21. Was deserved in in HOUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  M. D.  21. Was deserved in injury in eny way related to occupation of deceased?  M. D.  22. Was dissect or injury in eny way related to occupation of deceased?  18. So, specify  (Signed)		
OBL-DIVORCED (curric the word)  1933  58. If married, vidowed, or divorced HUSBADO  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  8. Trade, profession, or particular kind of work done, as SPINNER, DAY, EFER, BOOKKEPER, etc.  19	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
#USBAND of (or) WIFE of DUTCH WOODS  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day,	mah White OR DIVORCED (write the word)	June 12 1933
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,	HUSBAND of	19-19
STRICT PROPERTY OF PARTICULAR SANTER AND ALL STREET	7. AGE Years Months Days If LESS than 1 day,hi	to have occurred on the date states above, at 10 P <sub>4</sub> m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, GREMAJION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  11. MANDER ASSAULT A	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (yeers)	- Jahran wa
What test confirmed diagnosis? Wes there en autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)	12. BIRTHPLACE (city or town) Doubs In Land	Other Contributory Causes of importance:
What test confirmed diagnosis? Wes there en autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)	II 13. NAME L. Hassanders	
Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Charak had bate from 14, 1933.  19. UNDERTAKER  (Address)  24. Was disease or injury in eny wey related to occupation of deceased?  (Address)  16 so, specify  (Signed)  Manner of Injury  (Signed)  M. D.  M. D.	(State of country)	
Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Charak had bate from 14, 1933.  19. UNDERTAKER  (Address)  24. Was disease or injury in eny wey related to occupation of deceased?  (Address)  16 so, specify  (Signed)  Manner of Injury  (Signed)  M. D.  M. D.	15. MAIDEN NAME James E. Shangan	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
17. INFORMANT	16. BIRTHPLACE (city or town) Duraturatura flo (State or country)	Where did injury occur?
Place Church hash brade frame 17, 1933.  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  16 so, specify (Signed)  17. (Signed)  18. (Signed)  19. (Signed)  19. (Signed)		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
20. FILED June 14, 1933 E STWARF (Signed) Sebut Wuy M. D.		?
20. FILED JUNE 17-, 19 DD Co. J.J. W. A. J. L. C. D.		
	7,	- Caralinate Line

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

N. B.—WRITE PLAINLY, WITH UNFADIN mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH  County Chesles	
	Registration Dist. No. // Co
Village or City Cambrilly	No. Caulmul MM. Liter St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Thelma Height	
(a) Residence: No. Chry mil	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Fernal Columb OR DIVORCED (write the word)	me 13 193 3
5a. If married, widowed, or divorced	_
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY Thet I attended deceased from
6. DATE OF BIRTH (month, day and year) Fully 1- 19 74	- 19 to mu 13 , 19 & 3
	to have occurred on the date stated above, et 11-31 W m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or perticular	were as follows: Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Typhord form Cour
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	July 3ml
5 10. Dato deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Diher Contributory Gauses of importance:  My boos Meningson
(State or country)	- Mening ism
13. NAME for theght	
14. BIRTHPLACE (city or town)	Name of operation Dete of -
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Silved going  16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
mach Heidy	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT (Address) // // // // // // // // // // // // //	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
Place army MM' Date Jmu 10 ,1912	Neture of injury
19. UNDERTAKER # MICCO	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Cambrille Mil.	If so, specify
20. FILED MU (4, 1933 E. E. Wolff	(Signed) M. D. Mad M. D.
Registrar.	(Address) Cambulu Mish

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WRITE PLAINLY, WITH

V. S. No.

		STATE	OF MARY	LAND-	CERTIFICATE OF DEATH	073
1	. PLACE OF		D DORPORATE		186-0	
	,	Dorchester		IMITS of	Registration Dista No. III	
	LUBIT. TO	ity Cambrid			ND. St., death occurred in a horpital or institution, give its NAME instead of street and no	
				yrs,mos	ds. How long in U. S. if of foreign birth?yrsmo	sds.
2	. FULL NA	ME Ahaza H	urley			
	(a) Residen	ce: No. Cambri	(Usual place of	abode)	St., 4 Ward.  If nonresident give city or town and the state of the st	State
	PERSON	AL AND STATIS	TICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
	sex Malde	4. COLOR OR RACE		IED, WIOOWED, (write the word)	21. DATE OF DEATH  June 25  (Month) (Day)	193 3 (Year)
	If married, widow HUSBANO of (or) WIFE of	ed, or divorced  Egillia  (month, day, and year)	1 Hur	ley.	22. WHEREBY CERTIFY, That I attended of 1937, to 1935	leceased from
	AGE Yea		Oeys	If LESS than	to have occurred on the dete stated above, at 4 R. m.	
	8	3 1 %	x	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
TION	8. Trade, profe- kind of v SAWYER,	ssion, or particular work done, es SPINNER, , BDDKKEEPER, etc	NOne		Cortal Hammhay	apres
OCCUPATION		business in which s done, as SILK MILL, L, BANK, etc.	11. Totel tin			
00	this occu	ed last worked at pation (month and	X speni	t in this X	Dther Contributory Canses of importance:	
12	. BIRTHPLACE (ci (Stete or cou	ty or town/	hester Co	unty.	right value inter	
ER	13. NAME	Not Know	n.		low ends.	
FATH		E (city or town)	X		Name of operation Oate of What test confirmed diagnosis? Was there en a	n'oney?
2		77.1	Known		23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Not Known  16. BIRTHPLACE (city or town)			~~		Accident, suicide, or homicide? accident Date of Injury Coffee Where did injury occur? Roce of Chambridge Mind	+ ,19.23
17	'. INFORMANT (Address)	Mr Phillip Cambri		<u> </u>	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ACE.
18		tion, DR REMOVAL	Oate 6/26		Manner of injury Sweeting lawring by vashing in	muin
19	O. UNDERTAKER	Cranville Cambrid	S. LeComp	te.	24. Was disease or injury in any wey related to occupation of deceased?	<i></i>
20	O. FILED June	u 26, 1933	E. E. Wr	ff Registrar.	(Signed) Oanthuy Md	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06074
1. PLACE OF DEATH	UUU: \( \frac{1}{2} \)
County Dorchester	Registration Dist. Np. II6
Village or City Cambridge, Md.	No Ct Word
(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)  s. 20. ds. How long in U.S. if of foreign birth?
2. FULL NAME Frederick Hurley	
(a) Residence: Np. 3IO Henry Street. (Usual place of abode)	St., 5 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DAVORCED (ruprice the word)	21. DATE OF DEATH June I3 193
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Infant	22.   I HEREBY CERTIFY Thet I attended deceased from
	June 6 ,1924, to June 10, 1933
6. DATE OF BIRTH (month, day, and year) 5/23/33.	last saw hard alive on the first 12 , 1950; death is said
7. AGE Years Months Deys if LESS that 20 1 day,hrs.	to have occurred on the date stated above, at IB . 50m. A.M.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Atelectasis & 11
SAWYER, BOOKKEEPER, etc.	Melecrasis pm !!
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked at this occupation (month and year) occupation.	
12. BIRTHPLACE (city or town) Cambridge, (State or country) Maryland,	Dther Contributory Causes of importance:
The state of the s	- Guafred fle dang.
13. NAME Wm Luther Hurley.  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Haryland.	What test confirmed diagnosis? Change & Was there an autopsy? Lo
监 15. MAIDEN NAME Missle O. Todd.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Missle O. Todd.  16. BIRTHPLACE (city or town) Toddville,  (State or country) Maryland.	Accident, suicide, or homicide?
17. INFORMANT Wm. Luther Hurley.  (Address) Cambridge, Maryland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md. Date 6/13/33.19	Manner of injury
19. UNDERTAKER Granville S. LeComppte. (Addges) Cambridge, Maryland.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. June 13, 19.33 E. E. Wolff	(Signed) By By M.D. M.D.

If more blanks are needed, address State Registrar, 2011 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 doys ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gostroenteritis	1 yeor

	infor-	l state	CUPA-	
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	). Every	SICIAN	atement	
	)RI	IYS	st	
	REC	r. Pl	Exact	
	WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	refully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	PER	国	ly o	4.
	IS A ]	stated	proper	Care Co. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	HIS	be	be	3 -
	(T-Y	plnor	may	1
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	UNE	uppli	term	-
*	ITH	Illy S	plain	2
No.	M	refu	in	A

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	0	6	1-thu	filter	
U	0	U	ď	1)	

1. PLAC	E OF	EATH				. ,
Count	y Dorg	chester			Registration Dist. No//	6
	Village or City Cambridge  Length of residence in city or town wirers death occurred lyrs ll m			(II	No. Eastern Shore State Hospitalst, f death occurred in a hospital or institution, give its NAME instead of street and nut 50 ds. How long In U.S. if of foreign birth? yrs. mos.	mber)
2. FULL	NAME		Elizabe	th Anne Ma	rine	
(a) R	esidence: I	No. Eldora			St., Ward.  If nonresident give city or town and St	alc
programme and the second		AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX Fe.nal		COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH  June 8,  (Month) (Day)	193 3 (Year)
5a. If married, HUSBAN (or) WIF	D of	r divorced			22. I HEREBY CERTIFY, That I attended de May 9, 1931, to June 8,	., 1931
		th, day, and year) M8	arch 17,	1859	I last saw h_er alive onJune_8,, 19.33 ;	death is said
7. AGE	Years 74	Months 2 or particular done, as SPINNER,	Days 23	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 9:50 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Date of onset
10. Date th ya	ork was don W MILL, Bo deceased la is occupatio ar) CE (city or or country)	ess in which e, as SILK MILL, ANK, etcOf - I st worked at n (month and 1929 town) Unknown.	11. lotal spa	me or that time (years) intin this Life	Other Contributary Causes of Importance:	<u>s</u> o
	PLACE (city	or town) Uni	cnown Md.		Name of operation Date of	
15. MAIDI H 16. BIRTH (S 17. INFORMAN (Addre 18. BURIAL, C	PLACE (city tata or country E.S.)	Mary or town)	Md L Records	,	What test confirmed diagnosis? Was thare an automost and the confirmed diagnosis? Was thare an automost and the collowing:  Accident, suicide, or homicide? Oate of injury  Where did Injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE  Manner of injury Natura of injury	, 19 E.
(Addre		Gravenor & Sharptown,	Bro. Md. E E Z	Volff Registrar.	24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  Care bridges	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

Should item of PHYSICIANS JORD. Every statement Exact classified. BINDING M properly stated RESERVED plnods may that RGIN supplied. terms, plain efully in car DEATH plnods OF

S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH II6 Dorchester Registration Dist. No. Cambrid Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) vrs \_\_\_mos. .\_ds How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Length of residence in city or town where death occurred 2. FULL NAME Anna A. Marshall (a) Residence: No. If nonresident give city or town and State (Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) idowed (Month) 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from 22. (or) WiFE of 4/2/1857 6. DATE OF BIRTH (month, day, and year) certificate. If LESS than Years Oavs 7. AGE Months 1 day, \_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 20 were as follows or\_\_\_\_min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ OCCUPATION Jo none back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 11. Total time (years)
spant in this 10. Oate deceased last worked at on this occupation (month and occupation \_\_\_ instructions 12. RIRTHPLACE (city or town) (State or country) and FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_ MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Dorche Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. gnes lson. 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE S CAUSE 0ate 6/25/3319 mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Address) 8 Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Oata of onset

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-EXACTLY. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. stated AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH

V. S. No. 1 N. B.—

1. PLACE OF		WITHIN DOR	PORATE LIBRA	(3J)
County	Dorchester	3.53		Registration Dist. No. II6
	ity Cambridge			NoSt.,Woodeath occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NA	ME John S.	Watthew	S.	
(a) Residen	ce: No. 322 We:	st End A (Usual place	V C	St., I Ward.  If nonresident give city or town and State
PERSON	IAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, (D (write the word)	21. DATE OF DEATH  June 26 , 193 3 (Month) (Oay) (Yeer)
5a. If married, widow HUSBANO of (or) WIFE of	ed, or divorced argaret	E. Dods	on.	22. 1 HEREBY CERTIFY, That I ettended deceased f
6. DATE OF BIRTH	(month, day, and year)	1/17/18	353.	I last saw hum alive on June 16 , 1933; death is
7. AGE Yea		Days 9	If LESS than 1 day,hrs. ormin.	to have occurred on the date speed above, at
9. Industry or work wa	ssion, or particular work done, as SPINNER, , BOOKKEPPER, etc. business in which s done, as SILK MILL, LL, BANK, etc. ed last worked at	Retired.	time (veers)	acide my ocardial failuse en
	ty or town) NOW.	Church Va,	time (yeers) ent in this upation	Diher Contributory Causes of Importance:  A perference Cardio - varellad
13. NAME	Oliver Upt	hivevs.		process
13. NAME 14. BIRTHPLACE (State of	310		1	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Sarah Cromwell.  16. BIRTHPLACE (city or town) New Church (State or country)				23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?, 19
17. INFORMANT (Address)	Cambridg	hews e, arv	and,	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	nbridge, H	d Oate 6/	/28/33 <sub>10</sub>	Manner of injury
19. UNOERTAKER (Address)  20. FILED. June	Granville Cambrid 227,19 33	S. Leconge, Par	apte. Vland.	24. Was disease or injury In any way related to occupation of deceased? Was If so, specify  (Signed) Wy Jan

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. VI.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF	STATE C	OF MAR	YLAND—	CERIII	FICATE	OF DEA	TH (	6078
	rchester	1751P RP	BATE LIMITS .	7	(1)	Registration	Dist. No.	II6
	Cambridg	ge. Md.		No.				
	ce in city or town where		(II	death occurred	in a hospital or instit	ution, give its NAM	E instead of street	and number)
				d b dS.	now long in 0.5.11	or roreign birth!	yrs	mosa
	John H.							
(a) Residence:	No. 60 Glas	(Usual place		St.,	- Ward.	If nonresident	give city or town	and State
PERSONAL	AND STATIST	ICAL PART	ICULARS		MEDICAL C	ERTIFICATE	OF DEAT	н
Male	.color or RACE White	OR DIVORCE	RRIED, WIDOWED. ED (write the word) Cried.	21. DATE	OF DEATH	June (Month)	II (Day)	, 1937 (Year)
5a. If married, widowed, HUSBAND of (or) WIFE of	or divorced. Sallie F.	Bayly.		22.	I HEREB	YCERTIF	Y. That I atter	nded deceased fro
6. DATE OF BIRTH (mo	oth day and year) To	2/25/186	30	Llast saw h	has alive on	me il-	19	3 3; death is sa
7. AGE Years	Months	Days	If LESS than		red on the date stat	ed above, at 5 .	30 mP.M.	•
63	5	I6	1 day,hrs.	Tha PRINCIP	AL CAUSE OF DEA	TH and related caus	es of importance	Date of onse
8. Trade, profession kind of work SAWYER, BO	n, or particular dona, as SPINNER, OKKEEPER, etc	Manager Brick	of a	Co	rdio.	Renal		Carr
ndustry or bus	iness in which ne, as SILK MILL,	x		Va	sculo	diron	L	har
1 10 Date deseased I	on (month and / T T	/3.74. spe	time (years) ent in this I3					
12. BIRTHPLACE (city of	rtown) Dorche	ester Co	ounty	Other Coutri	butory Causes of Imp	oortance:		***
I I I I NAME J	osiah McG	rath.						
I3. NAME  I4. BIRTHPLACE (ci (State or cou	ty or town) Doro	chester Mary ar		Nama of oper	ation	wil		of
15. MAIDEN NAME	Emily Pa	aul.				uses (VIOLENCE) fi		
15. MAIDEN NAME  16. BIRTHPLACE (ci  (State or cou	ty or town)	rchester Marylar	County	Accident, sui		no		
17. INFORMANT Ot	is C. McGr Cambridge		land.			(Specify city or in INDUSTRY, in HO	town, county and OME, or in PUBLI	d State) C PLACE.
18. BURIAL, CREMATION				Manner of in	jury			
19. UNDERTAKERG	ranville S Cambrid	S. LeCon	npte.		se or Injury in any	way related to occup	ation of deceased	17
20. FILED June	12,19.33	5 2 3	voest	(Signed)		Camb	selle	nd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Instructions th

### PLACE OF DEATH

Dorcheste

# STATE OF MARYLAN CERTIFICATE OF DEATH

Registration Dist. No.

makulla Parker

St.:..... Ward)

If death occurred in hospital or instituion, give its NAME instend of street and ...umber.)

PER	SONAL	AND	STATISTICAL	PARTICULARS
Ter 17	1 4 4	NATA A	AND TO A CUTT I P CT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

3 SEX WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH

(Month) (Day) (Tegr)

7 AGE

8 OCCUPATION

I day ... hrs. . Q. ds. or ... min. ?

If LESS than

(a) Trade, profession or particular kind of work ...... (b) General nature of industry

business, or establishment in which employed or (employer) ..... 9 BIRTHPLACE

10 NAME OF FATHER

11 BIRTHPLACE ENT OF FATHER (State or country)

(State or country)

12 MAIDEN NAME OF MOTHER

IS BIRTHPLACE OF MOTHER (State or country

14 THE ABOVE IS THE REST OF MY KNOWLEDGE

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from

and that death occurred on the date stated above

Contributory

Secondary .. (Duration) ......yrs. ..... mos. ..... de

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Comicidal

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) In the

State.....yrs......mos.....da. of death .... yrs. .... mos.... da. Where was disease contracted, if not at place of death?..

Former or usual residence

DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKEL

ADDRESS

🐕 more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S

(Approved by U. S. Census and American Public Health Association.)

laborer. Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Houseor At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman. (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day household only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of For many occupations a single word or term on Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fivemen, etc. But in many should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, cases, sepecially in industrial employments. It is neces-Statement of Occupation -Precise statement of oceupation is very important, so that the relative healthfulness of various pursuits can be known. The queswhatever, write None.

Sterement of Cause of Death—Name, first, the distance causing death—Name, first, the distance to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Rehodmeumo

quences (e. g., sepsis, totanus) may be stated under the ment of cause of death approved by Committee on symptomatic), "Atrophy," "Collapse," "Coma," "Convalsions." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure." "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL SCRIICAEMIA,""PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injust and qualify as Aecidental, suicidal, or Homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver round of head-homicide; poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consehead of "contributory." (Recommendations on statenges, peritonacum, etc., Carcinoma, Sarcona, etc., of use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart discase; affection need not be stated unless important. Example: Measles (disease ary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemla" (merely Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

or- ate		STAT
inf st st	1. PLACE OF	DEATH
of of CC	CountyL	Jon
Every item of inf TANS should st ement of OCCUP	Village or Ci	1400
NS Sent	Length of resid	ence in city or tow
Eve	2. FULL NAM	ME >
RD. Every (YSICIANS statement	(a) Residence	e: No. 14 3
E E E	PERSON	AL AND ST
RECC F) P]	3. SEX	4. COLOR OR R.
	mal	when
TOING IANENTA CTL assifted.	5a. If married, widowe HUSBAND of (or) WIFE of	d, or divorced
BIN EX clz	6. DATE OF BIRTH (	month day and you
L C LE	7. AGE Year	1
FOR IS A stated proper eertific	1.1	
FO IS stal pro	_ 8. Trade, profess	sion, or particular
IIS Fire pe	kind of w	sion, or particular ork done, as SPIN BOOKKEEPER, etc
RVE ould may back	9. Industry or b	usiness in which done, es SILK MII ., BANK, etc
INK INK S sh t it	O No. Date decease	d last worked et ation (month and
RE AGE THAT		10.
IN DIA	12. BIRTHPLACE (city (State or coun	
ARGIN REUNFADING  upplied. AGH  terms, so that  instructions	H 13. NAME S	fomon
D to a	H 14. BIRTHPLACE	(city or town)
TTH U	(State or	
it plant	15. MAIDEN NAM	ME SAR
Y, WI careful FH in portant.	Ξ	(aibu as baum)
LY Ca	O 16. BIRTHPLACE (Stete or	(city or town)55 country)
E PLAINLY, WI should be carefu OF DEATH in 1	17. INFORMANT (Address)	vo Enge
PI Shou OF	18. BURIAL, CREMATI	ON, OR REMOVAL
ITE ITE SE SE V is	Place Du	lungh
B.—WRITE mation sl CAUSE O	(	41.
B.—V	19. UNDERTAKER	9 com
N.S.N.	20. FILED	2819.33
PA		

County County Village or City Taga, wa-	Registration Dist. No. (5
Vounty L	Registration Dist. No. 118
Village or City Hona a ma.	
A HINGER OF CHEN	NoSt., Wai
. 0	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	ds. How long in U. S. if of foreign birth?yrsmos,d
FULL NAME John Robert 6	hillips
(a) Residence: No. 14 3 2 Butter and.	st, Ward. Sulmon, ma
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
al while singer	(Month) (Dey) (Year)
f married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
0 14 .011	- Demand. 20
ATE OF BIRTH (month, day, and year) Cu a . 14 - 1916	I last sew h
GE Years Months Deys If LESS than 1 dey,hrs.	to have occurred on the date steted above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc.	
9. Industry or business in which	Wirming
work was done, as SILK MILL, SAW MILL, BANK, etc.	0,17
10. Date deceased last worked et 0 11. Total time (years)	- Laurey 1
this occupation (month and spent in this occupation	
his Could had	Other Coutributory Causes of Importence:
(State or country)	
13. NAME Solomon McGee Phillips	
14. BIRTHPLACE (city or town). Colden Hill, (State or country)	Name of operation Dete of
	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME July h. North	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Janlows Osland	Accident, suicide, or homicide?
(State or country) O manyland	Where did injury occur? Traga Michael Where did injury occur?
NFORMANT Mrs Engene Gemous	(Opecify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Fishing Guly high	tell from County Brider at Honga my
BURIAL, CREMATION, OR REMOVAL	Manner of Injury that alepped from Otherday
Place D'stungted, Date 30, 19.3	Nature of injury Wlowning
INDERTAKER Gramille S. Decompte	24. Was disease or injury in any way related to occupation of deceased?
(Address) O Cambridge bul	If so, specify
HED Jam 28 19 33 Dames Meday	(Signed) A anus w. Meade M.
HAD TO BE TO THE TO THE TAX AND TAX AND THE TAX AND TH	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 The			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

5 FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ARGIN RESERVED FOR BINDING	INLY, WITH UNFADING INK-TH	be carefully supplied. AGE should h	EATH in plain terms, so that it may l	
・	WRITE PLAI	ation should	AUSE OF DI	

		F MAR	YLAND-	CERTIFICATE OF DEATH (16)	081
1. PLACE OF DEATH				(II)	
County Dove				Registration Dist. No/_/_	4
Village or City 3	eden	Hill		No. St.,	Ward
Length of residence in city	or town where d	eath occurred	yrs. 2 mos	death occurred in a hospital or institution, give its NAME instead of street an	d uumber) .mosds.
2. FULL NAME Ju	arsal	Elees	Phillip	2	
(a) Residence: No	And	en til	R	St., Ward.	
		(Usual place		If nonresident give city or town a	nd State
PERSONAL AND				MEDICAL CERTIFICATE OF DEATH	
Female Color	or race	S. SINGLE, MAR	RRIED, WIDOWED, CD (write the word)	21. DATE OF DEATH  (Month) (Day)	., 199 <b>3</b> (Year)
a. If married, widowed, or divorce HUSBAND of (or) WIFE of	ed	0		22.   HEREBY CERTIFY, That I attende	ed deceased from
				may 29 , 19 3 3, to Jence	1933
DATE OF BIRTH (month, day, a					characteristics;
. AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 3. 3.0 Acm.	
	1	12	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
8. Trade, profession, or parti kind of work done, as SAWYER, BOOKKEEPE	cular SPINNER,			Obravelo finerenerea	May 28
SAWYER, BOOKKEEPE 9. Industry or business in w				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
work was done, es SIL SAW MILL, BANK, etc.	K MILL,	m		,	
kind of work done, as SAWYER, BOOKKEEPE 9. Industry or business in w work was done, es SIL SAW MILL, BANK, etc. 10. Date deceased last worke this occupation (month year)	d at	SD3	time (years) entin this upation		
2. BIRTHPLACE (city or town)	B 00			Other Coutributory Causes of importance:	
2. BIRTHPLACE (city or town)	Holes	as the	er, ma	niferance	10.6
13. NAME Police	D P	P-DP.	0.		
70.00	10	PD.	1.00		
14. BIRTHPLACE (city or town (State or country)	)(	2	9	Name of operation Date of.	
15. MAIDEN NAME	4-0	2-2-		What test confirmed diagnosis? Was there as	
	9	20	1/- 00	23. If death was due to external causes (VIOLENCE) fill in also the followi	
16. BIRTHPLACE (city or town (State or country)	)	211	D	Accident, suicide, or homicide? Date of injury	, 19
7. INFORMANT BREE	Pro P	E. D. D.	1	Where did injury occur?(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	tate)
(Address)	1/2	elih	tiel me		
8. BURIAL, CREMATION, OR REM	IOVAL			Manner of injury	
Place Relace	level m	Bate 2	~ 4 ,1933	Nature of injury	
9. (Address)	ley 1	hilly	ks	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED June 3, 19	33 Jus	H.J. le	pusiele	(Signed) G. H. Vacour	
		James are morded	eal Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 3111 5 1983	1915	Attack of epilepsy	1 week ago
Chronie interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	EURFAU V. S.	July 5,1927	Peritonitis	3 days ago
	V 1996			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis .	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH OFFICE
	1. PLACE OF DEATH	97)
	County Dorchesler	Registration Dist. No.
	Village or City Angler of C	and other share state spood Ward
	(If	dealin occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deeth occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME US CONSO V-VIO	cess Kent
	(a) Residence: No. (Usin place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	OR DIVORGED (write the word)	(Month) (Day) (Year)
	5a. If married, widowed, ondivorced	
	HUSBAND of Medford Vasen	1 HEREBY CERTIKY, That I eltended deceased from
	1 105	I last sawher alive on June 1974, 1933; death is said
ate	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 434 m.
ific	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
certificate.	8. Trede, profession or particular	were as follows:
Jo	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL.	Gerelin arterio-sclerosis 1928
back	9 Industry or business in which work was dona, as SILK MILL,	
	SAW MILL, BANK, etc.	
on	10. Date deceased last worked at this occupation (months and 192) spant in this occupation (coupation cocupation )	
ons	T. t.	Other Contributory Causes of importanca:
ucti	12. BIRTHPLACE (city or town) (State or country)	
instructions	E 13. NAME alexander Darles	
	E	Name of operation Date of
See	(State or country)	What test confirmed diagnosis? Was there an autopsy?
ıt.	15. MAIDEN NAME Unlander	23. If death was due to external causes (VIOLENCE) fill in also the following:
important.	15. MAIDEN NAME  16. BIRTHPLACE (city or town) Unique of the Country (State or country)	Accident, suicide, or homicide? Date of injury, 19
lodi	State or country) Linearity	Whera did injury occur?
	17. INFORMANY astern Thorestate Good He care	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	(Address) Smbridge - marylan	<b>3</b>
is	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place filster complete pare 2 1933	Nature of injury
TION	19. UNDERTAKER Dy Us Williams	24. Was diseesa or injury in eny way related to occupation of deceased?
	(Address) Thesterton	If so, specify
	20. FILED 20 , 1933 ERWolff	(Signed) M. D.
	Registrar.  If more blanks are needed, address State Revistrar.	2411 N. Charles Street, Baltimare, Requesting U. S. No. 1
	, June 1 de la company d	-1 Autoria Autoria Contraction of the sales

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

		ARGIN	RES	ERV	ED	FOR	ARGIN RESERVED FOR BINDING	
PLAINLY,	WITH	UNFADI	NG II	NK-T	HIS	IS A	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RI	R
ould be car	efully s	supplied.	AGE	should	pe	stated	ould be carefully supplied. AGE should be stated EXACTLY.	Y.
F DEATH	in plain	terms, so	that	it mav	he	nroner	F DEATH in plain terms, so that it may be properly classified. Ex	E

STATE OF MARYLAND	CERTIFICATE OF DEATH 06083
1. PLACE OF DEATH	
County No Usasaca	Registration Dist. No. 111
Village or City Services	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME /// argret . Sa	ul
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
genuale White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or stylorced  BUSDAND of (or) WIFE of	22. I HEREBY CERTIFY. That i attended deceesed from
7 9 1 1 11 10 51	19 to time 19 1983
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 6.104 , m.
7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	sympho to come of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  11. Total time (yeers) this occupation (month and	ntistines
10. Date decesed lest worked at this occupation (month and yeer)	
12. BfRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Ward Hubbard  14. BIRTHPLACE (city or town)	Name of operation. Dete of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME COLLEGE  16. BIRTHPLACE (city or town)  (State or according)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT and Sara (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Dal Mall Date 193	Nature of injury
017/1/19/11/19	
19. UNDERTAKER AND WILLIAM FELLY (Address)	24. Was disease or injury in any wey related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servint—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonais	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH U6	308	4
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1. PLACE C	OF DEATH	<i>D</i>		/
County	n	sa O	Registration Dist. No.	110
Village or Length of re	City fue sidenco in city or town where	(1)	No.  death occurred in a hospital or institution, give its NAME instead of the control of the co	
2. FULL NA	ame EThe	1 Shepper	d	
(a) Reside	ence: No.	(Usual place of abode)	St., Ward.  If nonresident give city o	t town and State
PERSOI	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF D	The second secon
3. SEX 7	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (corrie the word)	21. DATE OF DEATH (Month) (Day	, 1953
5a. If married, wido HUSBAND of	wed, or divorced			/ (Teal)
(or) WIFE of			22. I HEREBY CERTIFY, That	
	(month, day, and year) pars Months	Days / If LESS than 1 day, hrs. or min.	I last saw h alive on	, 19; death is said
9. Industry or work w. SAW Mi	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc business in which as done, as SILK MILL, ILL, BANK, etc		Stillon	
(1113 000		11. Total time (years) spont in this occupation	Other Contributory Causes of importance:	
13. NAME	Lester 1	relienan		
13. NAME	Dar	oheate C		
	or country)	Jud	Name of operation	).
	.0	Cheroud rebelle Co in g kerpard rebelate Pites	What test confirmed diagnosis?	ury
18. BURIAL, CREMA	TION, OR REMOVAL		Manner of injury	
19. UNDERTAKER(Address)			24. Was disease or injury In any way related to occupation of dec	ceased? 200
20. FILED June	9,1033 Ch	ero W Hosting Registrar.	(Signed) M. S. Mus (Ardress) Federalah	Mo M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	1000
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	BEATH 66085
County / Chris	Registration Dist. No. 116
Willage or City Cambridge	No. Quantity Ward St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Shuffle	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 11 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jame 30 , 193 3
5a. If merried, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of Or WIFE of Torling	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) From 30 -4 52  7. AGE Years Months Oays If LESS than 1 day,	I last saw h elive on
2/2 geaut ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oata of one of the principal
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Toples della m
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	Tutero up about 3'/4 hours
10. Oate deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Dale Mul	Other Contributary Causes of Importance:
13. NAME Wale Shuppler	
13. NAME Sale Shuffer  14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME France Waller  16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT morele Shuffle (Address)  (Address)	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Orshold at Place 11 vs f Date June 30, 19 33	Manner of injury
19. UNDERTAKER Orderles at hospital	24. Was disease or Injury In any way related to occupation of deceased?
20. FILEO June 30, 1933 E. H. Wolff Registrar.	(Signed) Caulmyl M. D.
Registrar.	" (Unniess)

STATE OF MADYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU	an print		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06086
infor- state UPA-	1. PLACE OF DEATH	<u> </u>
	County . Doubletin.	Registration Dist. No. 1/4
should of OCC	Village or City and was had:	No.
O		f death occurred in a hospital or institution, give its NAME instead of street and number)
NS nt	Length of residence in city or town where death occurredyrsmos	
CORD. Every PHYSICIANS	2. FULL NAME Roy 7. Simmer	us. A.
D. SIC	(a) Residence: No.	St.// Ward.
RECORD. PHYSIC	(Usual place of abode)	If nonresident give city or town and State
RECC PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (winter the word)	21. DATE OF DEATH
= -	male While him by	(Month) (Oay) (Year)
ADING MANEN ACTI assified.	5a. If married, widowed, or divorced HUSBAND of	0 34
BINDIN FERMANI EXACT y classific	(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
G EXE	Z101655	June 4, 19 33, to June 1 9 5, 19 33
	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Qays   If JESS than	I last saw War alive on 1 tune 8 , 19 3; death is said
FOR IS A F stated properlifica	1 I day	to have occurred on the date stated above, atm.
FO] IS state	7   3   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
= 70	8. Trade, profession, or particular C kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chreve dejantes
ZE d ld ld lk c	SAWTER, BUOKREEPER, etc.	
VK-T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
NK NK	10. Date deceased last worked at I1. Total time (years)	
RES I AGE that that	this occupation (month and spent in this occupation occupation	
Z	12. BIRTHPLACE (city or town)	Other Contributary Causes of importance:
GIN 'ADI	(State or country)	
TTH UNFA	II. NAME ROY T. Sacration	The state of the s
AR(UNF upplication)	13. NAME Roy J. Summine 14. BIRTHPLACE (city or town) J. Candlina Ind.	
	(State or country)	Name of operation
WITH fully n plain nt. So	15. MAIDEN NAME & M Th RAME	What test confirmed diagnosis?
2 - 8	15. MAIOEN NAME On the Working  16. BIRTHPLACE (city or town) and many	23. If death was due to external causes (VIOLENCE) fill in also the following:
AINLÝ, do be car DEATH	16. BIRTHPLACE (city or town)   CState or country)	Accident, suicide, or homicide?
be be imp	D. 1 1	Where did injury occur? (Specify city or town, county and State)
PLA hould OF D	(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
F-7 10	18. BURIAL, CREMATION, OR REMOVAL	Was deep second
TTE IN S.E. S.E.	Place Tolden Hill mol Date Anne 12 1933	Manner of injury
-WRITE mation sl	F / S //AII	Nature of injury
	19. UNOERTAKER CAMP C, COLORING (Address)	24. Was disease or Injury In any way related to occupation of deceased?
S. No.	The state of the s	If so, specify
» X	20. FILEO frank 12, 1933 Mars St. J. Cousiel	(Signed) M. O.
	If more blanks are maded allow Says Bridge	(Address)
	Ly more vianks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH  County Locchester Co. Maryland Registration Dist. No. // 6  Village or City Cambridge No. 6 Colemans allow War (If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth?  2. FULL NAME Daniel Slemans allow St., 2 Ward.  (a) Residence: No. 6 Colemans allow St., 2 Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DEATH  3. SEX  4. COLOR OR RACE OR DIVORCED (verice the word)  Fall Month)  5a. If married, wildowed, or divorced HUSBANO of (Or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than Iday. hrs.  The PRINCIPLA CAUSE OF DEATH and coletated account of the bow, at the principla Cause of the p
Village or City Cambridge No. 6 Colemans alleg. 2 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME Damiel Slemmon St., 2 Ward.  (a) Residence: No. 6 Colemans alleg St., 2 Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than to have occurred on the debt stated above, at 1933.
(If death occurred in a hospital or institution, give its NAME instead of stress and number)  Length of residence in city or town where death occurred
Length of residence in city or town where death occurred yrs, mos. ds. How long in U. S. if of foreign birth?  2. FULL NAME Daniel Slemman alley St., 2 Ward.  (a) Residence: No. 6 Coleman alley St., 2 Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Divorced (Worth of Or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1930, death is sal to have occurred on the date stated above, at 10 April 1
2. FULL NAME Samuel Slemmons  (a) Residence: No. 6 Columna alley St., 2 Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. LHERERY CERTIFY. That I attended december from the day, and year)  1 last saw that alive on the day stated abova, at the sail to have occurred on the day sail to have occurred on the sail to have occurred on the day sail to have occurred on the sail to have occurred
(a) Residence: No. 6 Columnas alley St., 2 Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  193  (Wear)  1 last saw was alive on the date stated above, at the have occurred on the
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  1 last saw  1 to have occurred on tha date statad abova, at 1 last saw  1 to have occurred on tha date statad abova, at 1 last saw  1 to have occurred on tha date statad abova, at 1 last saw  1 to have occurred on tha date statad abova, at 1 last saw  1 to have occurred on tha date statad abova, at 1 last saw  1 to have occurred on tha date statad abova, at 1 last saw  1 to have occurred on tha date statad abova, at 1 last saw  1 to have occurred on tha date statad abova, at 1 last saw  1 last sa
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months  Oays  Is LESS than  21. DATE OF DEATH (Month)  (Day)  193 (Vear)  194 (Vear)  195 (Day)  195 (Vear)  197 (Vear)  197 (Vear)  198
Male Colored Dirigge  5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than to have occurred on the date stated above, at 10 miles.
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  22. I HEREFY CERTIFY. That I attended december from (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than to have occurred on the date stated above, at 10 mm,
6. DATE OF BIRTH (month, day, and year)  1 last saw Line alive on Line 20, 19 32  7. AGE Years Months Oays If LESS than to have occurred on the date stated above, at 19 100,
7. AGE Years Months Oays If LESS than to have occurred on the date stated above, at 640 ml.
the state of the s
ormin. Wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, etc. SAWYER
9 Industry or business in which work was dona, as SILK MILL around town 35 SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
Other Coutributory Gauses of importance:
12. BIRTHPLACE (city or town) Organica John Osta
13. NAME Llort know
13. NAME CONTROL   Name of operation   Date of
(State or country) What test confirmed diagnosis Was there an automotive
15. MAIOEN NAME LOND KNOW 23. If death was due to external cause VIOLENCE) fill in also the following:
The contract of the contract
Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address) Cambridge Md.
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury
Place Waugh Cem Oate June 21,1933 Nature of injury 12001
19. UNDERTAKER H. M). St. Clair 24. Was disease or intry in any way related to occupation of deceased? Long
(Address) 308 muic St. Cambridge ms If so, spacify
20. FILED June 20, 19.33 E. E. Wolff (Signed) Jan Tyngh Sty M. I
Registrat. (Address) (Addr

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	2007 4 7007	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of dcath and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

state

PHYSICIANS should

of OCCUPA-

Exact statement

properly classified.

certificate.

of

See instructions on back

AGE should be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

N. B.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

U	60	60	1 .	0
8.7	E3	T.E	100	24
V	0	U	17	(1

1. PLACE	OF DEATH			82:0		
County	Dorchester			Registration Dist. No.	116	
Village or	City Cambrid	ge	(10	ND. Eastern Shore State Hospitagt, death occurred in a hospital or institution, give its NAME instead of street and	Ward	
Length of re	esidenco In city or town where	death occurred	yrsllmos		number) 10sds.	
2. FULL N	AME Charle	s H. Smac	k			
(a) Reside	ence: No. Salis	bury Md . (Usualplace	e of abode)	St., 5 Ward.  If nonresident give city or town and	d State	
PERSO	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	<del></del>	
3. SEX	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  June 24,  (Month) (Day)	, 193 3	
5e. If married, wide					(Year)	
HUSBAND of (or) WIFE of	Ella Ray	ne		22. I HEREBY CERTIFY, Thet I attended decessed from July 2, 1932, to June 24, 1933		
6. DATE OF BIRTH	{ (month, day, and year)	January .	10,1873	last saw h im alive on June 24, 1933	; death is said	
7. AGE Y	ears Months	Days	If LESS than	to have occurred on the date stated above, at 9:55. Am.		
	60 5	14	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
8. Trede, prof kind of SAWYE	fession, or particular work done, as SPINNER, ER, BDDKKEEPER, etc	Fammer		Cerebral hemorrhage	About	
Industry of work w	r business in which vas done, as SILK MILL, IILL, BANK, etc	U	nknown		10 das	
U ID Date daces	ased last worked et	11. Total	time (vears)	-	8,0	
O this occ year) -	cupation (month and	sp:	time (years) ent in this cupation			
12. BIRTHPLACE (	city or town) Barli	n		Other Contributary Canses of importance:		
(State or co		1.64		Cerebral arterio-sclerosis	About	
13. NAME	Jene	s Sampson	Smack		5 yrs.	
	CE (city or town)	. Berlin		Name of operation Dete of		
(State	or country)		<u>fd.</u>	What test confirmed diagnosis? Was there an	autopsy? TO	
15. MAIDEN N	NT-		1	23. If death was due to external causes (VIOLENCE) fill in elso the following	~	
O 16. BIRTHPLA	CE (city or town)	. Berlin	£4	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19	
17. INFORMANT	E.S.S.Ho.pita		2	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.	
	ATION, OR REMOVAL	0	L 26,1933	Manner of Injury		
19. UNDERTAKER (Address)	Holloway Salisbury	& Co. Marylan	d	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED. Jess	ce 24, 19 33	E. E. W.	Registrar.	(Signed) 1. Salles Paper VI	M. D.	
1	If mor	e blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importanee, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis :	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
100 100				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

7	infor-	state	UPA-	
N)	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ry it	NS	nt oi	1
	Eve	SICIA	ateme	
	CORI	HX	ct st	
U	RE(	Y. 1	Exa	
NG	ENT	TL	ied.	
NDI	MAN	KAC	lassif	
BI	PER	E	rly c	afe.
ARGIN RESERVED FOR BINDING	IS A	stated	prope	TION is yeary important. See instructions on back of certificate.
ED	HIS	be	pe	of
ERV	K-T	hould	may	hack
RES]	NI	GE S	hat in	no su
N	DIN	. A	S0 t	netion
ARG	NFA	pplied	erms,	instri
•	O H	y sul	ain t	S.
	LIM	efull	in pl	ant
3	ILY,	e car	ATH	nort
•	LAIR	a pli	DE	rv in
	E P	shor	E OF	ic VP
V. S. No. (	WRIT	ation	AUS	NOI
No.	B.—	m	O	-
>.	ż			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9330
county Korchester	Registration Dist. No. 1/2.
Village or City Jones Thickett Trear V	Jerno. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME June Cepas un	W L
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 6 9
5a. If married, widowed, or divorced	3.30 M, (Month) (Day) (Year)
HUSBAND OF (or) WIFE OF Mr. K. C. Swith	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	(11 st saw h. l. alive on Justice 11 19 3 3 leath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 44 mg m
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Date of oneet
SAWYER, BOOKKEEPER, atc.	My andelia
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	J. Gr.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year)  11. Total tima (years) spent in this occupation	Pie A
12. BIRTHPLACE (city or town) Vienna MA	Other Contributory Causes of Importance:
(Stata or country)	Caroney & helm
13. NAME Hopela Cephas  14. BIRTHPLACE (city or town) A	promento dest
4 14. BIRTHPLACE (city or town)	Name of operation.
(State of Country)	What test confirmed diagnosis? Was there an autops
15. MAIDEN NAME Joan (Cefhas)	23. If death was due to external cause (VIOL ENCE) fill in also the following:
15. MAIDEN NAME John (Cefhas)  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sauce Cefhos	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	6
Place Cacubre age Date June 10 19 33	Nature of injury
Nnd-0	The second of th
19. UNDERTAKER 106 Cumbus ne mod.	24. Was disease or injury in any way related to occupation of deceased.  If so, specify
Ca: 1:00 1 10	(Signed) And Tuel O M. D.
20. FILED June 10, 1933 Cligabith N beath Regioner.	(Address) Carribage , And
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitiol nephrilis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	
• • • • • • • • • • • • • • • • • • • •				

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

## STATE OF MARYLAND-CERTIFICATE OF DEATH

06090

1. PLACE OF DEATH	
County Dorchette DORPORATE	Registration Dist. No. // 6
Village or City Cumbudge md	No. St., War
Length of residence in city or town where death occurred 49 yrs. 5	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos
1 01 1 . 4	/
2. FULL NAME James Udie A	lomas
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of mildi Acade Paint	22.   HEREBY CERTIFY, Thet I attended deceased from
The partie of the parties of the par	May 1921, to June 23, 1905
6. DATE OF BIRTH (month, day, end year) fram 24, 1869	I last sew h malive on franchis sa
7. AGE Years Months Days if LESS that 1 day,	
74 0 1 1 or min.	were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	
SAWYER, BOOKKEEPER, etc.	Ings curant
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	
year) 19-31-3 occupation 20	Othar Contributory Causes of importance;
12. BIRTHPLACE (city or town) & outraton lo!	Chrome Rellands
(State or country)	
13. NAME James E. Thomas	
13. NAME Jame E. Thomas  14. BIRTHPLACE (cityor town) D. Orchasta Go:	Name of operation
(State of country)	What test confirmed diagnosis? Classical. Was there en eu'opsy?
15. MAIDEN NAME E	23. if death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. State or country)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Aus Odie Thomas,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Campa In Ind'	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ambula Md. Date James 1, 193	Nature of injury
19. UNDERTAKER Tranh S. Whangh	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cambridge mel.	If so, specify
20. FILED June 27, 19 33 & R. Wolff	(Signed) 12. / 1: When M.
Registrar	1 mondo more
If more blanks are needed, address State Regist	trar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1930-6-23

## STATE OF MARYLAND-CERTIFICATE OF DEATH

County Os relation	Registration Dist. No. 1/2
(800 - T) M-1	registration Dist. 140
Village or City 40 (If death occurred in a	St., Ward a horpital or institution, give its NAME instead of street and number) w long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME  (a) Residence: No & electric St.,	Ward.  If nonresident give city or town and State
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  M	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OP RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE O	· · · · · · · · · · · · · · · · · · ·
Ma WIL OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. 1	HEREBY CERTIFY, Thet I attended deceased from
	d on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this)	Lhophysician
12. BIRTHPLACE (city or town) (State or country)	ory Canses of importance:
(State or country) What test confirm	ion Date of med diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)  (State or country)  Where did injury	due to external causes (VIOLENCE) fill in also the following:  e, or homicide?, 19,  y occur?(Specify city or town, county and State)  r Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	y
(Address)  If so, specify	or injury in any way related to occupation of doceased?
No puray a cus	dreet, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED mation should be carefully supplied. AGE should be pe CAUSE OF DEATH in plain terms, so that it may

V. S. No. 1 N. B.—V

1. PL	ACE OF DEA					0032
Co	unty Dorch	ester		BATE LIMITE OF	Registration Dist. No.	I6
					No. Cambridge Md. Hospital St. feeth occurred in a horpital or institution, give its NAME instead of street ds. How long In U.S. If of foreign birth?	, Ward and number)
						mosgs.
	LL NAME		t Thomp			
					St., I Ward.  If nonresident give city or town	
	ERSONAL AN				MEDICAL CERTIFICATE OF DEAT	Н
Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (quinte the word) Lniany				D (qurite the word)	21. DATE OF DEATH  June (Month) (Day)	, 193.3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant					22. I HEREBY CERTIFY, That I atter	nded deceased from
6. DATE O	F BIRTH (month, da	v. and vear)	6/10/33		Nast saw h alive on 19	; death is said
7. AGE	Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at T . 30 m.A. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1 0 T-	X	X	1 4	ormin.	were as follows:	Date of onset
O	rade, profession, or pa	as SPINNER,	~			
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and					frematurely	
5 7	SAW MILL, BANK,	SILK MILL, etc	X		5 months	
0 10.02	this occupation (mo year)	rked at	11. Total t	ime (years) nt in this upation		
	PLACE (city or town)	Cambr		land.	Other Contributory Causes of importence:	
1		U. Tho	-	10110		
Ŧ		0-	mbridge			
₹ 14. BI	RTHPLACE (city or to (State or country)	own)	MOT TOPO	2	Neme of operation	
œ   15 M		Tosephin	a II Ma	Close	What test confirmed diagnosis? Was there	
I					23. If death was due to external causes (VIOLENCE) fill in also the follo	•
O 16. BI	RTHPLACE (city or to	own)	ampring	Wa.	Accident, suicide, or homicide? Date of injury	, 19
	MANTJama		ompson.		Where did injury occur?	State) C PLACE.
	L, CREMATION, OR F	REMOVAL			Manner of injury	
Pla	ce Cambrid	ge, ild.	Dete 5/	13/3310	Nature of injury	
19. UNDERTAKER Granville S. LeCompte. (Address) Cambridge, Maryland.					24. Was disease or Injury in eny way related to occupation of deceased  If so, specify	
20. FILED	June 13.	19.33	E. E 200	eff Registrar.	(Signed) (Address) Cambridge Me	d. M. D
		If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsot
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA-

TATE	OF	MADVIAND CEDTICICATE OF	DEATH
DIAIL	OF	MARYLAND—CERTIFICATE OF	DEATH

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	3
1. PLACE OF DEATH	WITHIN PORPORATE		
County Dorches Village Dr City Cambric		No.  f death occurred in a horpital or institution, give its NAME instead of street and number	
Longth of tongoine in any of tonii where	00000 00000 000 000 000 000 000 000 00	sds. How long in U.S. If of foreign birth?yrsmos	ds.
(a) Residence: No. 4 P		St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	THE PERSONNEL PROPERTY AND PERSONNEL PROPERTY
S. SEX Female 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OF DEVORCED (write the word)	21. DATE OF DEATH  June 3, 1933, 193	Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY, That I attended deceas	
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 3	Days 1930  If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5.10. P.M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEFER, etc	11. Total time (years) spent in this occupation	Jed + 3rd dernee byour Jace, Frunds, and Settremotite Cente Julmonoryldema 6	3-33 -3-33
(State or country)	Md.	Dither Coutributory Causes of importence:	
13. NAME Sangs to 1 14. BIRTHPLACE (city or town) Do-5 (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an autopsy	, Yla
15. MAIDEN NAME Flores 16. BIRTHPLACE (city or town) DO:	rehester Co.	Where did injury occur? Cambridge Ind.	19 33
17. INFORMANT Sangetor (Address)  18. BURIAL, CREMATION, DR REMOVALCAM	a Todd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	4 %
Place Wingate Md.		Manner of injury While playing with matches se Nature of injury 2nd +3nd fleged berges of face, the	iche.
19. UNDERTAKER Frank E. (Address) Cambrid	9	24. Wes disease or injury in any way related to occupation of deceased?  if so, specify  (Signed)  Signed	M. D.
20. FILED James 0., 19 23	Registrar.	(Address) Calgubring Med.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	•	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0

M	-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
FOR BINDING	IS A PERMANENT R stated EXACTLY. properly classified. E certificate.
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH
County Or Chester Control	<u></u>
County Jorchesler	Registration Dist. No. // 6
Village or City ( a m b V ) d ca e	Mo ambusse - Ms. Sor friesta Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?
2. FULL NAME Pinki Travers	
(a) Residence: No. 7   Hughes	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curite the word)  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curite the word)  S. SANGLE, MARRIED, WIDOWED, OR DIVORCED (curite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
54. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ankenown	/ last saw h alive on
7. AGE Yaars Months Days If LESS than 1 day,hrs.	was a fellow:
8. Trada, profession, or particular kind of work done, as SPINNER, Leu Jabon SAWYER, BOOKKEEPER, etc.	Anomi Myocorditio Date of oneet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this poculation (month and second last worked).	
O 10. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) WM, Conf. (State or country)	Elpani Reportes 1712
13. NAME John 1. Eurels	
13. NAME John J. Eurels  14. BIRTHPLACE (city or town) (State or country)  14. Dirthplace (city or town)	Name of operation Date of What test confirmed diagnosis?
I 15. MAIDEN NAME Solly a. Kane	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Solly W. Rane  16. BIRTHPLACE (city or town)  (State or county)  (State or county)	Accident, suicide, or homicide?
17. INFORMANT Janes Travers (Address) Cambridge. Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Combulye MA Combus June 19, 19.23	Manner of injury
19. UNDERTAKER IT MAL Clair (Additions) 36 8 Their St Cambudge Mid	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED June 14, 19 33 E E Wolff Registrar.	(Signed) 2: 1. Murry M. D. (Address) Casulerida.
If more blanks are needed, address State Registrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINDING	A PERMANENT	ted EXACTLY	perly classified.	ificate
SERVED FO	INK-THIS IS	should be sta	t it may be pro	on back of cert
MARGIN KE	H UNFADING	y supplied. AGE	ain terms, so that	TION is very important. See instructions on back of certificate.
	PLAINLY, WIT	rould be carefully	F DEATH in pl	very important.
-	WRITE	mation sh	CAUSE	TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1860	95
1. PLACE OF DEATH	(25-0)	
County Dorchatu	Registration Dist. No.	16
Tillago of Oily	1100	Ward
	death occurred in a hospital or institution, give its NAME instead of street and n	
11 67	· / /	sus.
2. FULL NAME Stormer E. An	Mey	
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day)	193 <u>3</u> (Year)
HUSBAND of Honaton Turlly	1 HEREBY CERTIFY. That I attended of	eceased from
6. DATE OF BIRTH (month, day, and year) ave 16. 1886	9. 1/5	; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at S. S. O. C. m.	
46 10 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	aut gellow augby	6-12
SAWYER, BOOKKEEPER, etc	7 /2	
skind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9.Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this recursion (month and		
40. Date deceased last worked at this occupation (month and year) occupation .		~~~~~
PIRTURIACE (city and town)	Other Contributory Causes of importance:	6-6
(State or country)	and Choleyth	6-101
13. NAME Linn Koakin	acute Chrledochite	6-101:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of Was there an au	
15. MAIDEN NAME Clara me Cay.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Durchasty 6	Accident, suicide, or homicide? Date of Injury	19
(State or country)	Where did injury occur?	
7. INFORMANT Honaton troilling (Address)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Cambridge And Date free 15, 1923	Nature of Injury	
9. UNDERTAKER Truch S. Albaych (Address) Cambridge Md	24. Was disease or injury in any way related to occupation of deceased?	<u> </u>
20. FILED June 17, 1933 PEISUSEF	(Signed) Albert Church (Address)	M. D
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	3.	Example II	
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Chronic interstitial nephritis	e 1921 ,	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1-8-94

M)	Every item of infor- SICIANS should state atement of OCCUPA.	
NDING	RMANENT RECORI X A C T L Y. PHYS classified. Exact st	
IARGIN RESERVED FOR BINDING	ed. AGE should be stated E is, so that it may be properly tructions on back of certificate.	
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
V. 2	ż	

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH	06006

1	. PLACE OF DE	ATH			(31)	
	County	Dorche	ster		Registration Dist. No. //6	
	Village or City Cambridge  (i  Length of residence in city or town where death occurred 13 yrs. 8 most				No. Eastern Shore State HospitaSt., death occurred in a horpital or institution, give its NAME instead of street and 28 ds. How long in U.S. if of foreign birth? yrs. n	Ward number)
2	. FULL NAME_		rge H. Wa	lker	St., Ward.	
	(a) Kesidence: No	. Sharpt	(Usual place	of abode)	St., Ward.  If nonresident give city or town and	State
	PERSONAL A	AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Male	White	5. SINGLE, MARI OR DIVORCES Marri	RIED, WIDOWED, ) (write the word) ed	21. DATE OF DEATH  June 17, (Dey)	, 193_3 (Year)
be.	If married, widowed, or of HUSBAND of (or) WIFE of	Arcatie Wa	lker		22. I HEREBY CERT1FY, Thet I attended April 3, 19 30, to June 17,	
6.	DATE OF BIRTH (month,	day, and year)	June 24,	1869	I last saw h. i.m. elive on June 17, 19 33	; death is said
7.	AGE Years	Months	Days	If LESS then 1 day,hrs.	to have occurred on the date stated above, at _4:46A.m.	
	63	11	23	ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	Oete of onset
CCUPATION	8. Trede, profession, o kind of work do SAWYER, BDDK 2. Industry or busines work was done, SAW MILL, BAN 10. Date deceased last this occupation year)	ne, es SPINNER, KEEPER, etc	9 span	d me (years) it in this petion_Life	Chronic Myocarditis  Dther Contributory Causes of importance:	15 yrs.
_	(State or country)		Md.		Chronic parenchymatous nephritis	about
FATHER	13. NAME Sa.  14. BIRTHPLACE (city of (State or country)	or town)	Sharptown	d.	Neme of operation Dete of What test confirmed diagnosis? Wes there en	5 yrs.
HER	15. MAIDEN NAME		Bradley		23. If death was due to external causes (VIOLENCE) fill in elso the followin	g:
	16. BIRTHPLACE (city of (State or country)  INFORMANT	.S.Hospita Cambri			Accident, suicide, or homicide? Date of injury Where did Injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te)
18.	Place Place	town, ma	Date Jan	~ 19,1933	Manner of injury	
	UNDERTAKER W. (Address)	D. Gran	wa, mi	t Bn	24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed)	. М. D.
20.	FILED Jime	, 195.4		Registrar.	(Address) Cambridge, id.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		and the Paris

	ery item of infor-	ANS should state	ent of OCCUPA-		
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
V. S. No. 1	N. B.—WRITE PLAINLY, W	mation should be carefu	CAUSE OF DEATH in	TION is very importan	

STATE C	F MARY	LAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH			. 93-€
County Dorchester			Registration Dist. No.
Village or City Grocheron	• Md.	(If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred I.S		ds. How long in U.S. if of foreign birth?mos,ds.
2. FULL NAME Christon	her T. W	aller.	
(a) Residence: No. Crocher	on, Md.		St., Ward.
PERSONAL AND STATIST	(Usual place o		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARR	IED, WIDOWED,	21. DATE OF DEATH
Male White		(gwrite tha word)	June 26 , 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced. HUSBAND of ary Smith.			22. A I HEREBA CERTIFY, That I attended decreased from
(or) WIFE of			May 19 11, 1833, 10 11 2 2 6, 15 33
6. DATE OF BIRTH (month, day, and year)	6/10/187	79	I last saw har five on May 1971, 1933; death is said
7. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at
54 x	17	ormin.	wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Waterman	1.	Chathy scordition
9. Industry or business in which			Curson Duration: 8 yourse
work was done, as SILK MILL, SAW MILL, BANK, etc	11 Total tir	ne (veere)	
this occupation (month and 193]	spen	ne (yaars) t in this 38	
12. BIRTHPLACE (city or town) Hollar			Other Contributory Causes of importance:
(Stata or country)	16d.		Isone Or my
13. NAME George Walt		•	Bugule Ste
14. BIRTHPLACE (city or town)	al's Isla Md.	and.	Name of operation Data of What test confirmed diagnosis? Was there an appropriate Data of Data
15. MAIOEN NAME Sarah A	. Graham	•	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Deal (State or country)	l's Isla:	nd.	Accident, suicida, or homicida. Date of interv. Date 194504
17. INFORMANT Mrs ary Wa. (Address) Crocherol	lter.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place ilman, Md.	Date 6/2	9/33.19	Manner of Injury
Place			Nature of injury.
19. UNDERTAKER Granville (Address) Cambr	S. LeCo		24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jung 28, 19.33 Wil	Local	itchest Registrar.	(Signed) (Address) (Address)
If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritoniis	3 days ago
V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

of OCCUPA-

STATE C	F MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		- (\$2·0)
County Dorchester		Registration Dist. N
Village or City Galestow  Length of residence in city or town where d	.(1)	No.  I death occurred in a hospital or institution, give its NAME instead  Output  Output  Description:  No. 1 of foreign birth?
2. FULL NAME John L.W. (a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF
3. SEX Male 4. COLOH OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  June I6  (Month)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Wheat		1 HEREBY CERTIFY, The
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Month 70 II	Days   15 LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of im were as ollows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spant in this 50yre	
12. BIRTHPLACE (city or town) Md (State or country)	<u>y-1</u>	Other Contributory Causes of importances
13. NAME Silas Wheatle 14. BIRTHPLACE (city or town) Md (Stete or country)		Name of operation
15. MAIDEN NAME Elezabeth  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Date of it Where did injury occur?	
17. INFORMANT Irene Wheatl (Address) Seaford,	(Specify city or town, c Specify whether injury occurred in INDUSTRY, in HOME, or i	
18. BURIAL, CREMATION, OR REMOVAL Plece Galestown	Date June 19 193	Manner of injuryNature of injury
19. UNDERTAKER W.D. Graveno (Addiess) Sharptow		24. Was disease or injury in any way related to occupation of if so, specify

(82-01)			
	Registration Dis	st. No. 110	
Noleath occurred in a hospital or institution,ds. How long in U.S. if of for	give its NAME in	St.,	
St., Ward.	If nonresident give	e city or town and	State
MEDICAL CER	TIFICATE C	F DEATH	
21. DATE OF DEATH			
	une	16 1933.	(Year)
hest saw have elive on to have occurred on the date stafed about the PRINCIPAL CAUSE OF DEATH arwere as Jollows:	33, to fem une 1 ove, at 11 P	S 1933	1933
Other Contributory Causes of important	nema		0/4/23
		Date of	
What test confirmed diegnosis?			
23. If deeth was due to external causes ( Accident, suicide, or homicide?	Dale	e of injury	, 19
Manner of injury			
24. Was disease or injury in any way re If so, specify (Signed) (Address)	Tuh arpto	luas	M. D.
N7 O1 1 C D 11 D	0 N		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 37 S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE C	F MARYI	AND-CERTI	FICATE	OF	DEATH
---------	---------	-----------	--------	----	-------

1. PLACE OF DEA		F MAR	YLAND—	CERTIFICATE OF DEATH	5009
	77	THIS PORPO	RATE LIMITS .	Designation Diet At-	16
	chester				
				No. Carbridge-Md. Hospital St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs.	
2. FULL NAME					
		TTTTTTC6",50		St., Ward.	
(a) Residence: No.		(Usual place	of abode)	If nonresident give city or town an	State
PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
a. SEX 4. COLO	R OR RACE	OR DIVORCE	RIED, WIDOWED, ) (write the word)	21. DATE OF DEATH  June 16  (Month) (Day)	_, 193
5e. If married, widowed, or dive HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended	deceased from
			1077	last sawh it alive on Never 19	
6. DATE OF BIRTH (month, de 7. AGE Years	y, and year)	une 16,	1933 If LESS than	to have occurred on the date stated above, at	, death 13 and
Still	born		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	Date of onset
8. Trade, profession, or p kind of work done, SAWYER, BOOKKE! 9. Industry or business work was done, es SAW MILL, BANK, 10. Date deceased lest wo	n which	None		Still-born	
work was done, es SAW MILL, BANK,	SILK MILL,	None			
0. Date deceased lest wo this occupation (mo year)	rked et nth end	sper	me (years) nt in this pation		
12. BIRTHPLACE (city or town) (State or country)	-			Other Contributory Causes of Importance:	-
	Maryl	and. iamson		-	
14. BIRTHPLACE (city or t	own) Susse	x County	3	Name of operation	9.7
(State of country)	Delaw			What test confirmed diagnosis? Was there an	
15. MAIDEN NAME  16. BIRTHPLACE (city or t				23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
(State or country) Delaware.  17. INFORMANT Mr. John E. Williamson (Address) Greenwood, Del.		Where did injury occur?(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	LACE.		
18. BURIAL, CREMATION, OR Place Cambrid	REMOVAL		e 16, 19.33	Manner of Injury	
	rly at Ho			24. Wes disease or injury in eny way releted to occupation of deceased?	
20. FILED June 16.,			Volff, Registrar.	(Signed) E 2 Word (Address) Cambridge, Md.	M. D

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly c TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. PLAINLY, -WRITE

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Dorcheter	Registration Dist. No. 119
Village or City Back 1/4	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME = Being	
12 1 11 1	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No. DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettanded daceesed from
4/12/1882	i last saw h elive on 19 deeth Is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date statad abova, at 5.30 77 72
52 2 16 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	wara as rollows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2. B. & Jungs.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date decesed last worked at this occupation (month and	8
SAW MILL, BANK, etc	
this occupation (month end 1932 spant in this 37 occupation	
Bille Ideal	Other Cantributary Canses of importance:
12. BIRTHPLACE (city or town)(Stata or country)	
I 13. NAME Jaime Theat	•
13. NAME  14. BIRTHPLACE (city or town)  15. Control or country)	Name of operation Dete of
(Stata or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME May, 6.	23. If death was dua to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicida, or homicide? Date of injury, 19
∑ (Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Bulg Start mil	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Plece Date 7 19	Nature of injury
19. UNDERTAKER J. S. L. Complet	24. Was disaase or injury In any way related to occupation of deceesad?
(Addrass) Company of the company of	If so, specify
20. FILED June 29, 19 33 Wilson & Pritchett	(Signed) M, D,
A Registrar	(Addrage)

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BUNEAU VI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

